REHAB OPTION REVIEW TOOL

**Status:** Passing Passing Requiring Corrective Action Not Passing  Not Passing for gap in LPHA documents From:\_\_\_/\_\_\_/\_\_\_To:\_\_\_/\_\_\_/\_\_\_

**Review Date:** **/     /** **DMH Reviewer:**

**Area: Central Metro Boston Northeast  Southeast Western Provider:** **Program:**

**Person Served:** **Age:       Address:                               Unit #     City**

**Staffed Residential Y N LAR: Y N Rep Payee: Y N Interpreter: Y N**

**Enrollment Date:      /     /      CSP Anniversary Date:      /     /**

| **Indicator** |  | **Met** | **Partially Met** | **Not Met** | **Comments** | **FAQ #** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **STANDARD 1: Medical Records (MR)** |  |  |  |  |  |
| 1.1 | An individual record is created for each person. |  | ……………………………… |  | **Not Passing**: No record present/created or fraudulent record keeping is evident. |  |
| 1.2 | Information in the record is logically organized and consistent with the agency’s established protocols. |  |  |  | E.g. If record indexing or EFS standards are not followed enter findings here. |  |
| 1.3 | The confidentiality of records is maintained in accordance with DMH regulations 104 CMR 28.09 (1)(a)(b) and all other applicable state and federal laws and regulatory requirements as evidenced by program policies and practices. |  |  |  |  |  |
| **Indicator** | **STANDARD 2: Comprehensive Assessment (CA)** | **Met** | **Partially Met** | **Not Met** | **Comments** |  |
| 2.1 | A mental health, physical, and psychosocial assessment is written or updated prior to the development of the CSP. The assessment(s) create a baseline profile of the person’s mental and physical health and psychosocial history. [at least annually thereafter] |  |  |  | If not completed within 45 days, look for rationale in Record. If no rationale is given, the record does not meet the standard.  To determine if an overall baseline profile has been created, consider ratings for 2.4, 2.7 and overall psychosocial indicators.  **Date of CA: \_\_\_\_/\_\_\_\_/\_\_\_\_\_**  **Date of CA Update: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Date of CSP: \_\_\_\_/\_\_\_\_/\_\_\_\_\_** |  |
| 2.2 | The Comprehensive Assessment is signed, dated, and credentialed by the LPHA. |  |  |  | **Not Passing**: LPHA signature, credentials, or date is missing on CA and/or the Licensure noted for credentials is not on the approved list.  **LPHA Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **The Assessment Includes:** |  |  |  |  |  |
| 2.3 | A Mental Status Exam is written and signed by a Licensed Practitioner of the Healing Arts. |  | ……………………………… |  |  |  |
| 2.4 | A Mental Status Exam includes: |  |  |  | Cognitive and Psychological Functioning, including thought process, judgment and orientation to person, place and time;  A profile of the clients affect and behavior; |  |
| 2.4A | Required Screening Tools and Assessments |  |  |  | Required Screening Tools are Not Found:  Substance Use: SBIRT approved  Risk: CRIT or Risk Assessment  Suicide: Columbia Suicide Scale  Additional assessment was warranted (due to positive screen in corresponding tool) but not present:  Substance Use Addendum/Assessment  Risk: HCR-20  Suicide Assessment |  |
| 2.5 | A diagnosis in DSM terms and the history of treatment. |  |  |  |  |  |
| 2.6 | Documentation of a need for psychotropic and/or other medications. |  |  |  | Lists medication, dosage, frequency, purpose.  Identifies level of independence or assistance needed for med administration.  (reviewed annually) |  |
| 2.7 | Physical health status including physical and dental examinations conducted annually and other evaluations, as appropriate, of the individual’s medical and dental condition. |  |  |  | Yearly exams not greater than one year are present prior to the development of CA.  PE Date: \_\_\_/\_\_\_/\_\_\_  PE not present/not refused  PE declined  Dental Date: \_\_\_/\_\_\_/\_\_\_  Dental not present/not refused  Dental declined  Providers are required to encourage annual exams |  |
| 2.8 | Social and environmental support, including an evaluation of the individual’s community, family and key support persons in his/her life. |  |  |  | Meaningful activities should be included. |  |
| 2.9 | Cultural and ethnic factors, including the individual’s evaluation of his/her religious, racial and cultural context. |  |  |  | Factors considered important to Person and pertinent to treatment and support needs. |  |
| 2.10 | Language and communication skills including the individual’s ability to hear, understand, and use the English language. As well as an assessment of the individual’s ability to communicate and make his/her needs known in his/her preferred language. |  |  |  | The delivery of interpretive services to complete assessment is documented when indicated. |  |
| 2.11 | Educational background including a history or evaluation, as appropriate, of the individual’s educational background or schooling and current educational plan, if any. |  |  |  |  |  |
| 2.12 | A history or evaluation of the individual’s vocational or occupational readiness skills and interests and employment record. |  |  |  |  |  |
| 2.13 | A functional assessment of activities of daily living (ADL) that identifies the status of the person’s ADL skills including the level of independence or assistance required.  SELF SUFFICIENCY MATRIX |  |  |  | For partially or not met ratings, check only those areas that are clearly needs for this client that were not adequately assessed:  Housing  Mobility  Employment  Community Involvement  Income  Parenting Skills  Food  Legal  Child Care  Mental Health  Child Education  Substance Abuse  Adult Education  Safety  Health Care Coverage  Disabilities  Life Skills  Family/Social Relations |  |
| 2.14 | Identification of the Legally Authorized Representative (LAR), scope of authority, name and location of the representative payee, terms of trusts, and factors that suggests the continued need or cessation for protective services. |  |  |  | Information regarding any legal/court involvement or forensic issues should be noted.  Legal Involvement History addendum/agency form not present  Legal Status addendum/agency form not present  Not applicable |  |
| 2.15 | Resource availability including financial resources and health insurance for the person served. |  |  |  | Met – If the information is in the CA or it is present and organized within the record. |  |
| 2.16 | A person's preferences including interests, preferences and aspirations. |  |  |  |  |  |
| 2.17 | The involvement of outside agencies including the identification of public and private agencies that are part of the person’s integrated service system in which the person has contact and the extent of that contact. |  |  |  | Care Coordination Entity  Case Management  Home Heath or Nursing  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 2.18 | Prioritized assessed needs to include needs which are either active, person declined, deferred, or referred out for services. |  |  |  |  |  |
| 2.19 | A Clinical Formulation - Interpretive Summary as the determination of medical necessity. |  |  |  | **Not Passing:** Clinical Formulation/Interpretive Summary is not contained in the record.  (Clinical formulation should address all assessed needs. If clinical formulation is required when using CA Update form, it should be distinctly identified as such.) |  |
| **Indicator** | **STANDARD 3: Community Service Plan (CSP)** | **Met** | **Partially Met** | **Not Met** | **Comments** |  |
| 3.1 | A Community Service Plan (CSP) is developed within 45 calendar days of the person's enrollment into ACCS services or there is clinical rationale that outlines the reasons why the plan was not developed within this timeframe. [at least annually thereafter] |  |  |  | **Not Passing**: CSP is not present in record and a clinical rationale is not entered for the late or missing document.  **Effective 7-1-18** Annual CSP is anniversary date of prior annual treatment plan or a change in CSP annual date which was made during the first year in accordance with FAQ.  **Date of CSP:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_** |  |
| 3.2 | Is based on the findings and recommendations of the CA including the clinical formulation. |  |  |  | Based on 2.18 and 2.19.  Not passing: CSP does not include a need that has been identified in the priority needs list and clinical formulation of the CA. |  |
| 3.3 | Transition criteria are developed at the time of the person's initial CSP reviewed regularly and modified as necessary. |  |  |  |  |  |
|  | **The CSP includes:** |  |  |  |  |  |
| 3.6 | Includes a baseline level of functioning and skills. |  |  |  |  |  |
| 3.7 | Includes goals which are person centered and are directed toward need resolution and may include target date(s) for completion. |  |  |  | If goal is not measurable, indicator is met if the objective and interventions demonstrate the overall measurability of the rehab plan. |  |
| 3.8 | Objectives expressed in behavioral and measurable terms that are directed toward need resolution and include projected target dates for completion. |  |  |  | **S**pecific **M**easurable **A**ttainable **R**ealistic **T**ime-framed |  |
| 3.9 | Includes rehabilitative interventions used to teach the skills needed to achieve rehabilitation goals and objectives. |  |  |  | **Not Passing**: The medical record will not pass if interventions in the CSP demonstrate support and supervision only and lacks rehab. |  |
| 3.10 | Includes the staff person currently responsible for implementing and/or overseeing the implementation of each action step or intervention. |  |  |  |  |  |
| 3.11 | The person served, LAR, LPHA, multidisciplinary team, and significant other(s) as indicated by the person (i.e. relatives, friends, advocates, staff. etc.) were involved in the development and/or implementation of the CSP, as evidence by signatures of team participants on the CSP document. |  |  |  | **Not Passing**: Medical record does not pass if the  LPHA has not signed the CSP. Date of LPHA signature: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_.  Rating of **Not Met** is given if the LAR has not signed the CSP and there is no documented rationale noted in the record. |  |
| **Indicator** | **STANDARD 4: Monthly Progress Notes** | **Met** | **Partially Met** | **Not Met** | **Comments** |  |
| 4.1 | Are written and entered into the record 10 business days of following month. |  |  |  | Yes No Documents staff completed work toward the development of the CA. and /or CSP |  |
| 4.2 | Include significant events that may affect progress meeting goals. |  |  |  | Birthdays, changes in daily structure, roommate, housemate, financial status, family/significant others, etc. |  |
| 4.3 | Include a description of Person’s response to implementation of plan. |  |  |  | Documents the person’s skills and functioning demonstrated in meeting CSP goals. Describes barriers. |  |
| 4.4 | Are signed, dated, and titled by the person responsible for ensuring the implementation of the CSP or designee. |  |  |  | Within 10 business days of the following month. |  |
| **Indicator** | **STANDARD 5: CSP Periodic Reviews** | **Met** | **Partially Met** | **Not Met** | **Comments** |  |
| 5.1 | For persons served, the progress and current status in meeting the goals set forth in the CSP are reviewed at 3-6-12 month intervals and annually thereafter and as needs or circumstances change including key times of care transitions. |  |  |  | **Not Passing:** Reviews are not available for a 12 month period.    **Effective 7-1-18:** The CSP Periodic Review is required at 3-6-12 month intervals and annually thereafter. The annual/12 month review must occur prior to the completion of the annual CA and CSP. An agency can choose to exceed the requirement after the 1 year. |  |
| 5.2 | If the need for additional assessments is identified during the implementation of the CSP, the assessment is provided or timely arrangements are made to procure the assessment(s). |  |  |  | None identified |  |
| 5.3 | The person served and/or LAR participated in the CSP review, as evidenced by their signature: or there is an explanation for the lack of a signature. |  |  |  | Person served/  LAR signature(s) not present on \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CSP Review/Revision recommending substantial CSP changes.  **New enrollees:**  Person served/  LAR signature(s) not present for initial 3 month, 6 month and/or 12 month CSP Review/Revision.  **After first Year:**  Person served/  LAR signature(s) not present for the annual CSP Review/Revision  A rating of **Not Met** is given for missing LAR signature and rationale is not noted in the record. |  |
| 5.4 | The CSP review contains an evaluation of the person’s progress toward attaining stated goals and objectives. |  |  |  |  |  |
| 5.5 | When objectives are not met, there is an analysis of the clinical, social, familial and/or reasons for lack of delay in progress. |  |  |  |  |  |
| 5.6 | The person’s goals and objectives, related target dates for achievement and rehabilitative interventions are revised in the CSP according to the findings of the review. |  |  |  | The current CA does not include as an assessed need the revised CSP need area. i.e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Re Assessment needs to be completed to establish medical necessity for this need identified in the revised CSP dated **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**.      If the LPHA provides a clear rationale or analysis for the new assessed need is documented, a new clinical formulation is not required until the annual CA is due. |  |
| 5.7 | The names and titles of the participants are included in the CSP review. |  |  |  | Signature of LPHA not present for the Review/Revision dated \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ that recommends a **substantial** change to CSP.  **New enrollees:**  Signature of LPHA not present for initial 3 month, 6 month, and/or  12 month CSP Review/Revision.  **After first year:**  Signature of LPHA not present for the 12 month CSP Review/Revision. |  |
| 5.8 | In cases where the person has an LAR, and there are substantive CSP modifications, the LAR has signed the revised CSP. |  | …………………………………………………………………………………… |  | Signature of LAR not present for revised CSP.  Rating of **Not Met** is given if the LAR has not signed the CSP and there is no documented rationale noted in the record.  Not applicable |  |

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| **Indicator** | **STANDARD 6: Transition Plan** | **Met** | **Partially Met** | **Not Met** | **Comments** |  |
| 6.1 | The closed record contains a Transition Plan signed, dated and credentialed by the LPHA entered into the record within thirty (30) days of the person’s disenrollment from ACCS |  |  |  | The closed record contains a TP? Y N  Date of TP: \_\_\_/\_\_\_/\_\_\_ TP is not dated.  TP is signed, dated, and credentialed by the LPHA. Y N  LPHA credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 6.2 | The Transition Plan includes the course of progress related to the goals identified in the CSP. |  |  |  | Are there Gaps in LPHA service? (CA, CSP, CSP not implemented)  Yes NO Identify the dates of gap period and the reason, if noted. |  |
| 6.3 | The Transition Plan documents a final assessment that includes: the person’s course of treatment; recommendations and arrangements for follow-up, if warranted; and, after care services that will be needed at discharge, who will be providing the services, and after care services that the current program may be providing. |  |  |  | Note other findings for a closed record into Standard 1 of the report form. e.g., record appears/does not appear intact from enrollment date.  Must address reason for transition, options for services, include a list of follow up appointments and any recommended community services, ie:AA.  Demonstrates DMH and Coordination Entity were involved in plan. |  |

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| **Recommendations:** Enter summary recommendations, and include request for corrective action plan, if needed. |
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|  | **Not Passing** | | **Passing Requiring Corrective Action** |
| 1 | Record not present/not created. | |  |
|  | Fraudulent record keeping is evident. | |
| 2 | CA not signed, dated and credentialed by LPHA. | | Known LPHA has signed but did not include credentials on CA. Note in report that credentials need to be added with signature on CA. |
|  | CA lacks clinical formulation (Determination of Medical Necessity). | | MSE is missing. Complete MSE.  Required screening tool/ assessment missing. Complete the assessment.  Clinical formulation needs more work. Revise clinical formulation to meet FAQ requirements. |
| 3 | CSP is not present. | | CSP is poorly constructed. i.e., Some but not all indicators are met. Requires corrective action. |
|  | CSP is not based on the findings of the CA or CA Update. | | CSP is based on some but not all of the findings of the CA. Complete CA and/or Review/Revision. |
|  | CSP is not signed by LPHA. | | CSP or substantial change to CSP is not signed by the person served or LAR. Substantial change to the CSP is not signed by the LPHA. Obtain signatures. |
|  | CSP does not include a rehab billable service/intervention. e.g., Interventions in the CSP only demonstrate support and supervision and lacks rehab. | | CSP lacks teaching strategies/methods. If the review team notes this as a trend in records require agency Plan of Correction. |
|  |  | | Documentation supports the CSP is active but the target dates on the plan have expired. Complete Review/Revision. |
| 4 | Monthly notes are not present. | | Monthly notes are present but do not reflect the interventions are fully carried out. If the review team notes this as a trend in records require agency Plan of Correction. |
| 5 |  | | Missing CSP/Reviews need to be completed. If the review team notes this as a trend in records require agency Plan of Correction. |
| **Indicator #** | **Comments** | |
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