

CRISIS RESPONSE SERVICES FOR ADULTS	Met	Not Met	Not Applicable
General Crisis Response			
There is evidence in the record of a new or unforeseen documented crisis not otherwise addressed in the member's existing crisis plan.	Documentation in the record of a new or unforeseen documented crisis not otherwise addressed in the member's existing crisis plan. (e.g. psychotic episode first occurrence) or documentation of refusal and/or rationale why not.	No documentation in the record of a new or unforeseen documented crisis not otherwise addressed in the member's existing crisis plan or no documentation of refusal and/or rationale why not.	No new or unforeseen documented crisis.
There is evidence in the record of a brief crisis plan/strategies were developed for the member to use post current crisis to mitigate the risk of future incidents until the member engages in alternative services, if appropriate.	Documentation in the record of a brief crisis plan/strategies were developed for the member to use post current crisis to mitigate the risk of future incidents until the member engages in alternative services or documentation of refusal and/or rationale why not.	No documentation in the record of a brief crisis plan/strategies were developed for the member to use post current crisis to mitigate the risk of future incidents until the member engages in alternative services or no documentation of refusal and/or rationale why not.	No new or unforeseen documented crisis.
There is evidence in the record that crisis services were not used as step down services	No documentation in the record member was referred only to crisis services as a discharge plan from a higher level of care.	Documentation in the record member was referred only to crisis services as a discharge plan from a higher level of care.	No N/A
Pre-Screening and Assessments			
There is evidence that the preliminary screening included the reason for presentation for services and/or the nature of the member's crisis.	Documentation the preliminary screening included the reason for presentation for services and/or the nature of the member's crisis or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the reason for presentation for services and/or the nature of the member's crisis or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the preliminary screening included the member's chief complaint	Documentation the preliminary screening included the member's chief complaint or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the member's chief complaint or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the preliminary screening included the grave disability	Documentation the preliminary screening included the grave disability or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the grave disability or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the preliminary screening included the risks of suicidality	Documentation the preliminary screening included the risks of suicidality or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the risks of suicidality or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the preliminary screening included the risk of self-harm	Documentation the preliminary screening included the risk of self-harm or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the risk of self-harm or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the preliminary screening included the risk of danger to others	Documentation the preliminary screening included the risk of danger to others or documentation of refusal and/or rationale why not.	No documentation the preliminary screening included the risk of danger to others or no documentation of refusal and/or rationale why not.	No N/A
There is evidence of a brief preliminary person-centered screening of risk	Documentation of a brief preliminary person-centered screening of risk or documentation of refusal and/or rationale why not.	No documentation of a brief preliminary person-centered screening of risk or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the brief preliminary person-centered screening of risk includes contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level	Documentation the brief preliminary person-centered screening of risk includes contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation the brief preliminary person-centered screening of risk includes contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.	No N/A
There is evidence of a brief preliminary mental status	Documentation of a brief preliminary mental status or documentation of refusal and/or rationale why not.	No documentation of a brief preliminary mental status or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the brief preliminary mental status includes the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level	Documentation the brief preliminary mental status includes the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation the brief preliminary mental status includes the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that a brief preliminary medical stability was conducted	Documentation a brief preliminary medical stability was conducted(e.g. An individual experiencing a crisis and is detoxing from Heroine which may need medical detox) or documentation of refusal and/or rationale why not.	No documentation a brief preliminary medical stability was conducted(e.g. An individual experiencing a crisis and is detoxing from Heroine which may need medical detox) or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the brief preliminary medical stability included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level	Documentation the brief preliminary medical stability included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation the brief preliminary medical stability included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that further evaluation for other mental health services was conducted	Documentation further evaluation for other mental health services was conducted or documentation of refusal and/or rationale why not.	No documentation further evaluation for other mental health services was conducted or no documentation of refusal and/or rationale why not.	No N/A

There is evidence that the further evaluation for other mental health services included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level	Documentation the further evaluation for other mental health services included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation the further evaluation for other mental health services included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.	No N/A
If further evaluation is needed, there is evidence that the assessment was conducted by an licensed mental health professional (LMHP) or psychiatrist with experience regarding this specialized mental health service.	Documentation, if further evaluation is needed, there is evidence that the assessment was conducted by a licensed mental health professional (LMHP) or documentation of refusal and/or rationale why not.	No documentation, if further evaluation is needed, there is evidence that the assessment was conducted by a licensed mental health professional (LMHP) or no documentation of refusal and/or rationale why not.	No further evaluation was needed.
If further evaluation is needed, there is evidence that the assessment included contact with the member, family members or other collateral sources with pertinent information for the purpose of the assessment and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level	Documentation, if further evaluation is needed, there is evidence that the assessment included contact with the member, family members or other collateral sources with pertinent information for the purpose of the assessment and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or documentation of refusal and/or rationale why not.	No documentation, if further evaluation is needed, there is evidence that the assessment included contact with the member, family members or other collateral sources with pertinent information for the purpose of the assessment and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level or no documentation of refusal and/or rationale why not.	No further evaluation was needed.
There is evidence that member expressly refuses to include family or other collaterals sources	Documentation that member expressly refuses to include family or other collaterals sources or documentation of refusal and/or rationale why not.	N/A	No evidence that member expressly refuses to include family or other collaterals sources
There is evidence the assessment included a current behavioral health history	Documentation the assessment included a current behavioral health history or documentation of refusal and/or rationale why not.	No documentation the assessment included a current behavioral health history or no documentation of refusal and/or rationale why not.	No N/A
There is evidence the assessment included the current behavioral health provider	Documentation the assessment included the current behavioral health provider or documentation of refusal and/or rationale why not.	N/A	Member does not have currently behavioral health provider.
Interventions			
There is evidence that interventions are provided under the supervision of an LMHP.	Documentation interventions are provided under the supervision of an LMHP or documentation of refusal and/or rationale why not. .	No documentation interventions are provided under the supervision of an LMHP or no documentation of refusal and/or rationale why not. .	No N/A
There is evidence that intervention strategies are built upon and/or updated by the MCR or BHCC service providers.	Documentation that intervention strategies are built upon and/or updated by the MCR or BHCC service providers OR documentation as to why not.	NO documentation that intervention strategies are built upon and/or updated by the MCR or BHCC service providers OR documentation as to why not.	Provider does not provide MCR or BHCC services.
There is evidence that the interventions are driven by the member	Documentation interventions are driven by the member (e.g. direct member quotations) or documentation of refusal and/or rationale why not.	No documentation interventions are driven by the member (e.g. direct member quotations) or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the intervention was developed with input from the family and/or other collateral sources	Documentation the intervention was developed with input from the family and/or other collateral sources (e.g. statements from other sources) or documentation of refusal and/or rationale why not.	No documentation the intervention was developed with input from the family and/or other collateral sources (e.g. statements from other sources) or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the Interventions include resolution focused peer support designed to de-escalate the crisis	Documentation at least one intervention is focused on resolution focused peer support designed to de-escalate the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention is focused on resolution focused peer support designed to de-escalate the crisis or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the interventions include resolution focused safety planning designed to de-escalate the crisis	Documentation at least one intervention is focused on resolution focused safety planning designed to de-escalate the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention is focused on resolution focused safety planning designed to de-escalate the crisis or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the interventions include resolution focused service planning designed to de-escalate the crisis	Documentation at least one intervention is focused on resolution focused service planning designed to de-escalate the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention is focused on resolution focused service planning designed to de-escalate the crisis or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the interventions include resolution focused care coordination designed to de-escalate the crisis	Documentation at least one intervention is focused on resolution focused care coordination designed to de-escalate the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention is focused on resolution focused care coordination designed to de-escalate the crisis or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the strategies are developed for the member to use post current crisis.	Documentation at least one strategy was developed for the member to use post current crisis or documentation of refusal and/or rationale why not. .	No documentation at least one strategy was developed for the member to use post current crisis or no documentation of refusal and/or rationale why not. .	No N/A
There is evidence that the strategies are developed to mitigate risk of future incidents until the member engages in alternative services.	Documentation at least one strategy was developed to mitigate risk of future incidents until the member engages in alternative services or documentation of refusal and/or rationale why not. .	No documentation at least one strategy was developed to mitigate risk of future incidents until the member engages in alternative services or no documentation of refusal and/or rationale why not. .	No N/A
There is evidence that the short-term goals were set to ensure symptom reduction	Documentation the short-term goals were set to ensure symptom reduction or documentation of refusal and/or rationale why not.	No documentation the short-term goals were set to ensure symptom reduction or no documentation of refusal and/or rationale why not.	No N/A

There is evidence that the short-term goals were set to ensure restoration to a previous level of functioning	Documentation the short-term goals were set to ensure restoration to a previous level of functioning or documentation of refusal and/or rationale why not.	No documentation the short-term goals were set to ensure restoration to a previous level of functioning or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the interventions include using person centered approaches, such as resolution of the crisis or problem solving of the crisis	Documentation at least one intervention includes using person centered approaches, such as resolution of the crisis or problem solving of the crisis or documentation of refusal and/or rationale why not.	No documentation at least one intervention includes using person centered approaches, such as resolution of the crisis or problem solving of the crisis or no documentation of refusal and/or rationale why not.	No N/A
There is evidence, if applicable, that substance use was addressed by providing engagement in care to the member, family, and collateral supports.	Documentation substance use was addressed by providing engagement in care to the member, family, and collateral supports or documentation of refusal and/or rationale why not. .	No documentation substance use was addressed by providing engagement in care to the member, family, and collateral supports or no documentation of refusal and/or rationale why not. .	Documentation of no indication of substance use.
There is evidence, if applicable, that substance use was addressed by providing support to the member, family, and collateral supports.	Documentation substance use was addressed by providing support to the member, family, and collateral supports or documentation of refusal and/or rationale why not. .	No documentation substance use was addressed by providing support to the member, family, and collateral supports or no documentation of refusal and/or rationale why not. .	Documentation of no indication of substance use.
There is evidence, if applicable, that substance use was addressed by providing education to the member, family, and collateral supports.	Documentation substance use was addressed by providing education to the member, family, and collateral supports or documentation of refusal and/or rationale why not. .	No documentation substance use was addressed by providing education to the member, family, and collateral supports or no documentation of refusal and/or rationale why not. .	Documentation of no indication of substance use.
There is evidence, if applicable, that substance use was addressed by providing consultation to the member, family, and collateral supports.	Documentation substance use was addressed by providing consultation to the member, family, and collateral supports or documentation of refusal and/or rationale why not. .	No documentation substance use was addressed by providing consultation to the member, family, and collateral supports or no documentation of refusal and/or rationale why not. .	Documentation of no indication of substance use.
There is evidence that services delivered are documented after every encounter with member	Documentation services delivered are documented after every encounter with member or documentation of refusal and/or rationale why not.	No documentation services delivered are documented after every encounter with member or no documentation of refusal and/or rationale why not.	No N/A
Coordination and Continuity of Care			
There is evidence that all levels of crisis providers coordinated the transfer to alternate levels of care within 24 hours when warranted	Documentation all levels of crisis providers coordinated the transfer to alternate levels of care within 24 hours when warranted or documentation of refusal and/or rationale why not.	No documentation all levels of crisis providers coordinated the transfer to alternate levels of care within 24 hours when warranted or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that providers coordinated the transfer to primary medical care when the member requires primary medical care with an existing provider	Documentation providers coordinated the transfer to primary medical care when the member requires primary medical care with an existing provider or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to primary medical care when the member requires primary medical care with an existing provider or no documentation of refusal and/or rationale why not.	Documentation the member didn't require primary care services.
There is evidence that providers coordinated the transfer to Community based behavioral health provider when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider	Documentation providers coordinated the transfer to Community based behavioral health provider when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Community based behavioral health provider when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider or no documentation of refusal and/or rationale why not.	Documentation the member didn't require community based behavioral health care or doesn't have an existing behavioral health provider.
There is evidence that providers coordinated the transfer to Behavioral Health Crisis Care Center (BHCCC) when the member requires ongoing support and time outside of the home, if applicable	Documentation providers coordinated the transfer to Behavioral Health Crisis Care Center (BHCCC) when the member requires ongoing support and time outside of the home or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Behavioral Health Crisis Care Center (BHCCC) when the member requires ongoing support and time outside of the home or no documentation of refusal and/or rationale why not.	Documentation the member doesn't require ongoing support and time outside of the home.
There is evidence that providers coordinated the transfer to Community Brief Crisis Support (CBCS) when the member requires ongoing support at home or in the community, if applicable	Documentation providers coordinated the transfer to Community Brief Crisis Support (CBCS) when the member requires ongoing support at home or in the community or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Community Brief Crisis Support (CBCS) when the member requires ongoing support at home or in the community or no documentation of refusal and/or rationale why not.	Documentation the member doesn't require ongoing support at home or in the community.
There is evidence that providers coordinated the transfer to Crisis Stabilization (CS) when the member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent, if applicable	Documentation providers coordinated the transfer to Crisis Stabilization (CS) when the member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Crisis Stabilization (CS) when the member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent or no documentation of refusal and/or rationale why not.	Documentation the member doesn't require additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent.
There is evidence that providers coordinated the transfer to Inpatient treatment when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent, if applicable	Documentation providers coordinated the transfer to Inpatient treatment when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Inpatient treatment when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent or no documentation of refusal and/or rationale why not.	Documentation the member is not in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent.
There is evidence that providers coordinated the transfer to Residential substance use treatment when the member requires ongoing support and treatment outside of the home for a substance use disorder, if applicable	Documentation providers coordinated the transfer to Residential substance use treatment when the member requires ongoing support and treatment outside of the home for a substance use disorder or documentation of refusal and/or rationale why not.	No documentation providers coordinated the transfer to Residential substance use treatment when the member requires ongoing support and treatment outside of the home for a substance use disorder or no documentation of refusal and/or rationale why not.	Documentation the member does not require ongoing support and treatment outside of the home for a substance use disorder or no substance use is indicated.

There is evidence that there was coordinated contact through a warm handoff with the member's existing or new behavioral health provider, if applicable	Documentation there was coordinated contact through a warm handoff with the member's existing or new behavioral health provider or documentation of refusal and/or rationale why not.	No documentation there was coordinated contact through a warm handoff with the member's existing or new behavioral health provider or no documentation of refusal and/or rationale why not.	Documentation the member does not have a behavioral health provider.
There is evidence that there was coordinated contact through a warm handoff with the member's MCO to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated.	Documentation there was coordinated contact through a warm handoff with the member's MCO to link them with BH/PH provider OR documentation of refusal and/or rationale why not.	No documentation there was coordinated contact through a warm handoff with the member's MCO to link them with BH/PH provider AND no documentation of refusal and/or rationale of why not.	Documentation that there was not need for link via MCO.
There is evidence that any member records was provided to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral	Documentation any member records was provided to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral or documentation of refusal and/or rationale why not.	No documentation any member records was provided to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral or no documentation of refusal and/or rationale why not.	Documentation there are no previous records.
There is evidence that there was member involvement throughout the planning and delivery of services	Documentation there was member involvement throughout the planning and delivery of services (e.g. member signatures) or documentation of refusal and/or rationale why not.	No documentation there was member involvement throughout the planning and delivery of services (e.g. member signatures) or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that services were appropriate for age of member	Documentation services were appropriate for age of member or documentation of refusal and/or rationale why not.	No documentation services were appropriate for age of member or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that services were appropriate to the developmental abilities of member	Documentation services were appropriate to the developmental abilities of member, including documentation of any developmental delays or documentation of refusal and/or rationale why not.	No documentation services were appropriate to the developmental abilities of member, including documentation of any developmental delays or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that services were appropriate to the education level of member	Documentation services were appropriate to the education level of member, including documentation of any educational delays or documentation of refusal and/or rationale why not.	No documentation services were appropriate to the education level of member, including documentation of any educational delays or no documentation of refusal and/or rationale why not.	No N/A
Supervision of Non-Licensed Staff			
There is evidence that non-licensed staff members are receiving regularly scheduled supervision from a person meeting the qualifications of an LMHP (excluding Licensed Addiction Counselors (LACs))	Documentation non-licensed staff members are receiving regularly scheduled supervision from a person meeting the qualifications of an LMHP (excluding Licensed Addiction Counselors (LACs) or documentation of refusal and/or rationale why not.	No documentation non-licensed staff members are receiving regularly scheduled supervision from a person meeting the qualifications of an LMHP (excluding Licensed Addiction Counselors (LACs) or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that staff received a minimum of four (4) hours of clinical supervision per month for full time staff and a minimum of one (1) hour of clinical supervision per month for part-time staff, which shall consist of no less than one (1) hour of individual supervision.	Documentation staff received a minimum of four (4) hours of clinical supervision per month for full time staff and a minimum of one (1) hour of clinical supervision per month for part-time staff, which shall consist of no less than one (1) hour of individual supervision or documentation of refusal and/or rationale why not.	No documentation staff received a minimum of four (4) hours of clinical supervision per month for full time staff and a minimum of one (1) hour of clinical supervision per month for part-time staff, which shall consist of no less than one (1) hour of individual supervision or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that supervision with the LMHP has intervention notes that were discussed in supervision	Documentation supervision with the LMHP has intervention notes and/or progress notes that were discussed in supervision in the record or documentation of refusal and/or rationale why not.	No documentation supervision with the LMHP has intervention notes and/or progress notes that were discussed in supervision in the record or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that supervision notes with the LMHP has the LMHP supervisor's signature	Documentation that supervision notes with the LMHP has the LMHP supervisor's signature or documentation of refusal and/or rationale why not.	No documentation that supervision notes with the LMHP has the LMHP supervisor's signature or no documentation of refusal and/or rationale why not.	Provider is an LMHP and no supervision is required.
There is evidence that supervision notes have documentation reflecting the content of the training and/or clinical guidance	Documentation that supervision notes have documentation reflecting the content of the training and/or clinical guidance or documentation of refusal and/or rationale why not.	No documentation that supervision notes have documentation reflecting the content of the training and/or clinical guidance or no documentation of refusal and/or rationale why not.	Provider is an LMHP and no supervision is required.
There is evidence that the documentation included the date of supervision	Documentation that the documentation included the date of supervision or documentation of refusal and/or rationale why not.	No documentation that the documentation included the date of supervision or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the duration of supervision	Documentation the documentation included the duration of supervision or documentation of refusal and/or rationale why not.	No documentation the documentation included the duration of supervision or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the identification of supervision type as individual or group supervision	Documentation the documentation included the identification of supervision type as individual or group supervision or documentation of refusal and/or rationale why not.	No documentation the documentation included the identification of supervision type as individual or group supervision or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the name of the LMHP supervisor;	Documentation the documentation included the name of the LMHP supervisor or documentation of refusal and/or rationale why not.	No documentation the documentation included the name of the LMHP supervisor or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the licensure credentials of the LMHP supervisor;	Documentation the documentation included the licensure credentials of the LMHP supervisor or documentation of refusal and/or rationale why not.	No documentation the documentation included the licensure credentials of the LMHP supervisor or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the name of the supervisees	Documentation the documentation included the name of the supervisees or documentation of refusal and/or rationale why not.	No documentation the documentation included the name of the supervisees or no documentation of refusal and/or rationale why not.	No supervision required.

There is evidence that the documentation included the credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees	Documentation the documentation included the credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees or documentation of refusal and/or rationale why not.	No documentation the documentation included the credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the the focus of the session with the supervisee	Documentation the documentation included the the focus of the session with the supervisee or documentation of refusal and/or rationale why not.	No documentation the documentation included the the focus of the session with the supervisee or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included subsequent actions that the supervisee must take, if applicable	Documentation the documentation included subsequent actions that the supervisee must take or documentation of refusal and/or rationale why not.	No documentation the documentation included subsequent actions that the supervisee must take or no documentation of refusal and/or rationale why not.	No subsequent actions were identified that the supervisee must take or no supervision required.
There is evidence that the documentation included the signed date of the LMHP supervisor;	Documentation the documentation included the signed date of the LMHP supervisor or documentation of refusal and/or rationale why not.	No documentation the documentation included the signed date of the LMHP supervisor or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the signature of the LMHP supervisor;	Documentation the documentation included the signature of the LMHP supervisor or documentation of refusal and/or rationale why not.	No documentation the documentation included the signature of the LMHP supervisor or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the signature of the supervisees	Documentation the documentation included the signature of the supervisees or documentation of refusal and/or rationale why not.	No documentation the documentation included the signature of the supervisees or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the signed date of the supervisees	Documentation the documentation included the signed date of the supervisees or documentation of refusal and/or rationale why not.	No documentation the documentation included the signed date of the supervisees or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the start time of each supervision session.	Documentation the documentation included the start time of each supervision session or documentation of refusal and/or rationale why not.	No documentation the documentation included the start time of each supervision session or no documentation of refusal and/or rationale why not.	No supervision required.
There is evidence that the documentation included the end time of each supervision session.	Documentation the documentation included the end time of each supervision session or documentation of refusal and/or rationale why not.	No documentation the documentation included the end time of each supervision session or no documentation of refusal and/or rationale why not.	No supervision required.

Record Keeping (Documentation) Requirements

There is evidence that case records include the member's name	Documentation case records include the member's name or documentation of refusal and/or rationale why not.	No documentation case records include the member's name or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the case records include dates of service	Documentation the case records include dates of service or documentation of refusal and/or rationale why not.	No documentation the case records include dates of service or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the case records include time of service	Documentation the case records include time of service or documentation of refusal and/or rationale why not.	No documentation the case records include time of service or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the case records include preliminary Screening	Documentation the case records include preliminary Screening or documentation of refusal and/or rationale why not.	No documentation the case records include preliminary Screening or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the case records include assessments, if applicable	Documentation the case records include assessments or documentation of refusal and/or rationale why not.	No documentation the case records include assessments or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the case records include notes on the interventions delivered after every encounter.	Documentation the case records include notes on the interventions delivered after every encounter or documentation of refusal and/or rationale why not.	No documentation the case records include notes on the interventions delivered after every encounter or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the case records include documentation of successful and/or failed encounters and/or attempts.	Documentation the case records include documentation of successful and/or failed encounters and/or attempts or documentation of refusal and/or rationale why not.	No documentation the case records include documentation of successful and/or failed encounters and/or attempts or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the case records include discharge summary	Documentation the case records include discharge summary or documentation of refusal and/or rationale why not.	No documentation the case records include discharge summary or no documentation of refusal and/or rationale why not.	No N/A
There is evidence that the case records include consent for treatment	Documentation the case records include consent for treatment or documentation of refusal and/or rationale why not.	No documentation the case records include consent for treatment or no documentation of refusal and/or rationale why not.	No N/A
There is evidence the member's record reflected relief of the identified crisis and/or referral to an alternate provider.	Documentation reflected relief of the identified crisis and/or referral to an alternate provider or documentation of refusal and/or rationale why not.	No documentation reflected relief of the identified crisis and/or referral to an alternate provider or no documentation of refusal and/or rationale why not.	No N/A
There is evidence the member's record reflected resolution of the identified crisis and/or referral to an alternate provider.	Documentation reflected resolution of the identified crisis and/or referral to an alternate provider or documentation of refusal and/or rationale why not.	No documentation reflected resolution of the identified crisis and/or referral to an alternate provider or no documentation of refusal and/or rationale why not.	No N/A
There is evidence the member's record reflected problem solving of the identified crisis and/or referral to an alternate provider.	Documentation reflected problem solving of the identified crisis and/or referral to an alternate provider or documentation of refusal and/or rationale why not.	No documentation reflected problem solving of the identified crisis and/or referral to an alternate provider or no documentation of refusal and/or rationale why not.	No N/A

There is evidence that attempts to communicate with treating providers and family were documented	Documentation attempts to communicate with treating providers and family or documentation of refusal and/or rationale why not.	No documentation attempts to communicate with treating providers and family or no documentation of refusal and/or rationale why not.	No N/A
There is evidence the discharge summary included communications with treating providers.	Documentation the discharge summary included communications with treating providers or documentation of refusal and/or rationale why not.	No documentation the discharge summary included communications with treating providers or no documentation of refusal and/or rationale why not.	No N/A
There is evidence the discharge summary included communications with family.	Documentation the discharge summary included communications with family or documentation of refusal and/or rationale why not.	No documentation the discharge summary included communications with family or no documentation of refusal and/or rationale why not.	No N/A
Mobile Crisis Response (MCR) Specific Requirements			
There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 to 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service.	Documentation that follow-up to member/caregiver occurred within 24 to 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver occurred within 24 to 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	Member not accessing mobile crisis response services.
There is evidence that follow up with the member and/or authorized member's caretaker/family were completed either telephonically or face to face post crisis to ensure stability for those not accessing higher levels of care or another crisis service.	Documentation that follow-up to member/caregiver were completed either telephonically or face to face post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver were completed either telephonically or face to face post crisis date noted within record for those not accessing higher level of care or other crisis services.	Member not accessing mobile crisis response services.
There is evidence that follow up with the member and/or authorized member's caretaker/family were continued beyond 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service when applicable.	Documentation that member required AND received follow-up to member/caregiver occurred beyond 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that member required AND received follow-up to member/caregiver occurred beyond 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	Member not accessing mobile crisis response services. Member did not require follow-up beyond 72 hours post crisis.
There is evidence that the member desired no further communication post crisis within the record, if applicable.	Documentation member desired no further communication post crisis within record when applicable.	NO documentation member desired no further communication post crisis within record when applicable.	Member not accessing mobile crisis response services. No evidence that member did NOT desire further communication.
Behavioral Health Crisis Care (BHCC) Specific Requirements			
There is evidence that a registered nurse or licensed practical nurse practicing within the scope of his or her license performs a medical screen to evaluate for the member's medical stability.	Documentation that a registered nurse or licensed practical nurse practicing within the scope of his or her license performs a medical screen to evaluate for the member's medical stability.	NO documentation that a registered nurse or licensed practical nurse practicing within the scope of his or her license performs a medical screen to evaluate for the member's medical stability.	Member not accessing BHCC.
There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 to 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service.	Documentation that follow-up to member/caregiver occurred within 24 to 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver occurred within 24 to 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	Member not accessing BHCC.
There is evidence that follow up with the member and/or authorized member's caretaker/family were completed either telephonically or face to face post crisis to ensure stability for those not accessing higher levels of care or another crisis service.	Documentation that follow-up to member/caregiver were completed either telephonically or face to face post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver were completed either telephonically or face to face post crisis date noted within record for those not accessing higher level of care or other crisis services.	Member not accessing BHCC.
There is evidence that follow up with the member and/or authorized member's caretaker/family were continued beyond 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service when applicable.	Documentation that member required AND received follow-up to member/caregiver occurred beyond 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	NO documentation that member required AND received follow-up to member/caregiver occurred beyond 72 hours post crisis date noted within record for those not accessing higher level of care or other crisis services.	Member not accessing BHCC. Member did not require follow-up beyond 72 hours post crisis.
There is evidence that the member desired no further communication post crisis within the record, if applicable.	Documentation member desired no further communication post crisis within record when applicable.	NO documentation member desired no further communication post crisis within record when applicable.	Member not accessing BHCC. No evidence that member did NOT desire further communication.
Community Brief Crisis Support (CBCS) Specific Requirements			
There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 hours to 15 days following the initial contact with the CBCS provider once discharged from MCR and/or BHCC provider to ensure continued stability post crisis for those not accessing higher levels of care.	Documentation that follow-up to member/caregiver occurred within 24 hours to 15 days following the initial contact with the CBCS provider once discharged from MCR and/or BHCC provider to ensure continued stability post crisis for those not accessing higher levels of care.	NO documentation that follow-up to member/caregiver occurred within 24 hours to 15 days following the initial contact with the CBCS provider once discharged from MCR and/or BHCC provider to ensure continued stability post crisis for those not accessing higher levels of care.	Member not accessing CBCS.
There is evidence that follow up with the member and/or authorized member's caretaker/family were completed either telephonically or face to face post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.	Documentation that follow-up to member/caregiver were completed either telephonically or face to face post discharge from MCR and/or BHCC provider noted within record for those not accessing higher level of care or other crisis services.	NO documentation that follow-up to member/caregiver were completed either telephonically or face to face post discharge from MCR and/or BHCC provider who are not accessing higher level of care or other crisis services.	Member not accessing CBCS.
There is evidence that follow up with the member and/or authorized member's caretaker/family were continued beyond 15 days post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.	Documentation that member required AND received follow-up to member/caregiver occurred beyond 15 days post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.	NO documentation that member required AND received follow-up to member/caregiver occurred beyond 15 days post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.	Member not accessing CBCS. Member did not require follow-up beyond 15 days post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service.
There is evidence that the member desired no further communication post crisis within the record, if applicable.	Documentation member desired no further communication post crisis within record when applicable.	NO documentation member desired no further communication post crisis within record when applicable.	Member not accessing CBCS. No evidence that member did NOT desire further communication.

PCS Element	Met	Not Met	N/A
There is evidence of member involvement throughout planning.	Evidence of member involvement throughout planning. Ex. Member signature on tx plan, progress notes identifying member involvement, etc.	No evidence of member involvement throughout planning.	
There is evidence of member involvement in delivery of services.	Evidence of member involvement in delivery of services. Ex. Member signature on tx plan, progress notes identifying member involvement, etc. Per the manual, service logs are to be signed and dated by the direct service worker and by the member or responsible representative after the work has been completed at the end of the week.	No evidence of member involvement in delivery of services.	No N/A
There is evidence of services are provided on an individual level.	Evidence services are provided on an individual level (not in a group)	No evidence services are provided on an individual level.	No N/A
There is documentation that any changes in member's behavior that impact member's health and/or safety was reported to the appropriate MCO.	Documentation that any changes in member's behavior that impact member's health and/or safety was reported to the appropriate MCO. Or documentation as to why not such as member has no changes in behavior that impact health and/or safety.	No documentation that any changes in member's behavior that impact member's health and/or safety was reported to the appropriate MCO. And no documentation as to why not.	No N/A
There is documentation that any changes in member's behavior that impact member's health and/or safety were reported to the community case manager, if applicable.	Documentation that any changes in member's behavior that impact member's health and/or safety were reported to the community case manager, if applicable. Or, documentation as to why not.	Documentation that any changes in member's behavior that impact member's health and/or safety were reported to the community case manager, if applicable. And no documentation as to why not.	If the member does not have a change to behavior that impacts his/her health and safety, there would be nothing to report to either the CCM or the MCO.
There is evidence of provider participation in team meetings, as requested by case manager, if applicable.	Evidence of provider participation in team meetings, as requested by case manager, if applicable.	No evidence of provider participation in team meetings, as requested by case manager, if applicable.	Does not have community case manager
If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that the provider gave written notice to the member, a family member and/or the authorized representative, if known, at least 30 calendar days prior to the transfer or the discharge	Evidence that the provider gave written notice to the member, a family member and/or the authorized representative, if known, at least 30 calendar days prior to the transfer or the discharge	No evidence that the provider gave written notice to the member, a family member and/or the authorized representative, if known, at least 30 calendar days prior to the transfer or the discharge	Does not have community case manager
If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that the provider gave written notice to the case manager, if applicable, at least 30 calendar days prior to the transfer or the discharge	Evidence that the provider gave written notice to the case manager, if applicable, at least 30 calendar days prior to the transfer or the discharge	No evidence that the provider gave written notice to the case manager, if applicable, at least 30 calendar days prior to the transfer or the discharge	If the provider does NOT propose involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards
If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that written notice was made via certified mail, return receipt requested	Evidence that written notice was made via certified mail, return receipt requested	No evidence that written notice was made via certified mail, return receipt requested	Does not have community case manager; If the provider does NOT propose involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards
If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that written notice was in a language and manner that the member understands	Evidence that written notice was in a language and manner that the member understands	No evidence that written notice was in a language and manner that the member understands	If the provider does NOT propose involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards
If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that a A copy of the written discharge/transfer notice was placed in the member's record	Evidence that a A copy of the written discharge/transfer notice was placed in the member's record	No evidence that a A copy of the written discharge/transfer notice was placed in the member's record	If the provider does NOT propose involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards
There is evidence that the written discharge/transfer notice includes documentation of the reason for transfer or discharge.	Evidence that the written discharge/transfer notice includes documentation of the reason for transfer or discharge.	No evidence that the written discharge/transfer notice includes documentation of the reason for transfer or discharge.	If member still receiving services, there would not be a written discharge/transfer notice.
There is evidence that the written discharge/transfer notice includes documentation of the effective date of transfer or discharge.	Evidence that the written discharge/transfer notice includes documentation of the effective date of transfer or discharge.	No evidence that the written discharge/transfer notice includes documentation of the effective date of transfer or discharge.	If member still receiving services, there would not be a written discharge/transfer notice.
There is evidence that the written discharge/transfer notice includes documentation of the explanation of a member's right to personal and/or third parties' representation at all stages of the transfer or discharge.	Evidence that the written discharge/transfer notice includes documentation of the explanation of a member's right to personal and/or third parties' representation at all stages of the transfer or discharge.	No evidence that the written discharge/transfer notice includes documentation of the explanation of a member's right to personal and/or third parties' representation at all stages of the transfer or discharge.	If member still receiving services, there would not be a written discharge/transfer notice.
There is evidence that the written discharge/transfer notice includes documentation of the contact information for the Advocacy Center.	Evidence that the written discharge/transfer notice includes documentation of the contact information for the Advocacy Center.	No evidence that the written discharge/transfer notice includes documentation of the contact information for the Advocacy Center.	If member still receiving services, there would not be a written discharge/transfer notice.
There is evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in decision making	Evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in decision making	No evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in decision making	If member still receiving services, there would not be a written discharge/transfer notice.
There is evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in transfer arrangements.	Evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in transfer arrangements.	No evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in transfer arrangements.	If member still receiving services, there would not be a written discharge/transfer notice.
There is a copy of the written discharge/transfer notice in the member's record that includes time for the discharge planning conference.	A copy of the written discharge/transfer notice is in the member's record; documentation includes time for the discharge planning conference.	A copy of the written discharge/transfer notice is not in the member's record; documentation includes time for the discharge planning conference.	If member still receiving services, there would not be a written discharge/transfer notice.
There is a copy of the written discharge/transfer notice in the member's record that includes place for the discharge planning conference.	A copy of the written discharge/transfer notice is in the member's record; documentation includes place for the discharge planning conference.	A copy of the written discharge/transfer notice is not in the member's record; documentation includes place for the discharge planning conference.	If member still receiving services, there would not be a written discharge/transfer notice.
There is a copy of the written discharge/transfer notice in the member's record that includes date for the discharge planning conference.	A copy of the written discharge/transfer notice is in the member's record; documentation includes date for the discharge planning conference.	A copy of the written discharge/transfer notice is not in the member's record; documentation includes date for the discharge planning conference.	If member still receiving services, there would not be a written discharge/transfer notice.
There is a copy of the written discharge/transfer notice in the member's record that includes a statement regarding the member's appeal rights.	A copy of the written discharge/transfer notice is in the member's record; documentation includes a statement regarding the member's appeal rights.	A copy of the written discharge/transfer notice is not in the member's record; documentation includes a statement regarding the member's appeal rights.	If member still receiving services, there would not be a written discharge/transfer notice.
There is a copy of the written discharge/transfer notice in the member's record that includes the name of the director of the Division of Administrative Law.	Documentation includes the name of the director of the Division of Administrative Law.	Documentation does not include the name of the director of the Division of Administrative Law.	If member still receiving services, there would not be a written discharge/transfer notice.
There is a copy of the written discharge/transfer notice in the member's record that includes the current address of the Division of Administrative Law	Documentation includes the current address of the Division of Administrative Law	Documentation does not include the current address of the Division of Administrative Law	If member still receiving services, there would not be a written discharge/transfer notice.
There is a copy of the written discharge/transfer notice in the member's record that includes the telephone number of the Division of Administrative Law.	Documentation includes the telephone number of the Division of Administrative Law.	Documentation does not include the telephone number of the Division of Administrative Law.	If member still receiving services, there would not be a written discharge/transfer notice.
There is a copy of the written discharge/transfer notice in the member's record that includes a statement regarding the member's right to remain with the provider and not be transferred or discharged if an appeal is timely filed.	Documentation includes a statement regarding the member's right to remain with the provider and not be transferred or discharged if an appeal is timely filed.	Documentation does not include a statement regarding the member's right to remain with the provider and not be transferred or discharged if an appeal is timely filed.	If member still receiving services, there would not be a written discharge/transfer notice.
There is evidence of transfer or discharge planning conference with the member.	Evidence of transfer or discharge planning conference with the member	No evidence of transfer or discharge planning conference with the member	If member still receiving services, there would not be a written discharge/transfer notice.
There is evidence of transfer or discharge planning conference with family (if applicable)	Evidence of transfer or discharge planning conference with family (if applicable)	No evidence of transfer or discharge planning conference with family (if applicable)	No family identified

There is evidence of transfer or discharge planning conference with the case manager (if applicable)	Evidence of transfer or discharge planning conference with the case manager (if applicable)	No evidence of transfer or discharge planning conference with the case manager (if applicable)	
There is evidence of transfer or discharge planning conference with the legal representative, if applicable	Evidence of transfer or discharge planning conference with the legal representative, if applicable	No evidence of transfer or discharge planning conference with the legal representative, if applicable	No case manager
There is evidence of transfer or discharge planning conference with the advocate, if such is known.	Evidence of transfer or discharge planning conference with the advocate, if such is known.	Evidence of transfer or discharge planning conference with the advocate, if such is known.	No legal representative
There is evidence of developing discharge options that will provide reasonable assurance that the member will be transferred or discharge to a setting that can be expected to meet his/her needs	Evidence of developing discharge options that will provide reasonable assurance that the member will be transferred or discharge to a setting that can be expected to meet his/her needs	No evidence of developing discharge options that will provide reasonable assurance that the member will be transferred or discharge to a setting that can be expected to meet his/her needs	No advocate
There is evidence of preparing an updated service plan, as applicable	Documentation of preparing an updated service plan, as applicable that includes a summary of the health of the member.	No documentation of preparing an updated service plan, as applicable that includes a summary of the health of the member.	No N/A
There is evidence of preparing an updated written discharge summary that includes a summary of the health of the member.	Documentation of preparing an updated service plan, as applicable, and preparing a written discharge summary that includes a summary of the health of the member.	No documentation of preparing an updated service plan, as applicable, and preparing a written discharge summary that includes a summary of the health of the member.	No N/A
There is evidence of preparing an updated written discharge summary that includes a summary of the behavioral issues of the member.	Documentation of preparing an updated written discharge summary that includes a summary of the behavioral issues of the member.	No documentation of preparing an updated written discharge summary that includes a summary of the behavioral issues of the member.	No N/A
There is evidence of preparing an updated written discharge summary that includes a summary of the social issues of the member.	Documentation of preparing an updated written discharge summary that includes a summary of the social issues of the member.	No documentation of preparing an updated written discharge summary that includes a summary of the social issues of the member.	No N/A
There is evidence of preparing an updated written discharge summary that includes a summary of the nutritional status of the member.	Documentation of preparing an updated written discharge summary that includes a summary of the nutritional status of the member.	No documentation of preparing an updated written discharge summary that includes a summary of the nutritional status of the member.	No N/A
There is evidence of providing all services required prior to discharge that are contained in the final update of the service plan, as applicable.	Documentation of providing all services required prior to discharge that are contained in the final update of the service plan, as applicable.	No documentation of providing all services required prior to discharge that are contained in the final update of the service plan, as applicable.	No N/A
There is evidence of providing all services required prior to discharge that are contained in the transfer or discharge plan.	Documentation of providing all services required prior to discharge that are contained in the transfer or discharge plan	No documentation of providing all services required prior to discharge that are contained in the transfer or discharge plan	N/A if no documentation indicating change in service plan.
There is evidence of a service plan in the record.	Service plan is in the record.	No service plan in the record.	No N/A
There is evidence that the service plan was developed prior to delivery of services.	Evidence that the service plan was developed prior to delivery of services.	No evidence that the service plan was developed prior to delivery of services. Or, service plan was not developed prior to delivery of services.	No N/A
There is evidence that the service plan is updated at least every six (6) months, or more frequently based on changes to the member's needs or preferences.	Evidence that the service plan is updated at least every six (6) months, or more frequently based on changes to the member's needs or preferences. Or reason as to why service plan was not updated at least every six months.	No evidence that the service plan is updated at least every six (6) months, or more frequently based on changes to the member's needs or preferences. And, no documentation as to why service plan was not updated every six months	No N/A
There is evidence that the service plan was developed in collaboration with the member/member's family to include the specific activities to be performed What about evidence that the provider followed the service plan in terms of the days and times that services are to be provided and actual tasks performed during service delivery unless otherwise requested by the member or if the event the member was hospitalized/in out-of-home residential facility. Due to the multiple tasks that providers are supposed to complete at this time, we had to separate these tasks into different elements (seen below) for MCO reviewers to score that would be consistent across all MCOs. If all included in one element and only missing 1, then provider misses out on that counting towards their overall score. The feedback is not re: the way in which the plan was developed - this is well addressed in the review elements. There needs to be a review item to determine if the provider actually followed the established service plan (meaning if the member is supposed to have a DSW at 8am on Mondays, the DSW showed up at 8am every Monday unless the member requested them not to or the member was hospitalized; if the DSW is supposed to cook for the member on 2 times per week, the progress notes indicate this occurred 2 times per week unless the member requested otherwise or was hospitalized during this period of time.	Evidence that the service plan was developed in collaboration with the member/member's family to include the specific activities to be performed	No evidence that the service plan was developed in collaboration with the member/member's family to include the specific activities to be performed	No N/A
There is evidence that the service plan was developed in collaboration with the member/member's family to include the frequency of each activity.	Evidence that the service plan was developed in collaboration with the member/member's family to include the frequency of each activity.	No evidence that the service plan was developed in collaboration with the member/member's family to include the frequency of each activity.	No N/A
There is evidence that the service plan was developed in collaboration with the member/member's family to include the duration of each activity.	Evidence that the service plan was developed in collaboration with the member/member's family to include the duration of each activity.	No evidence that the service plan was developed in collaboration with the member/member's family to include the duration of each activity.	No N/A
There is evidence that the service plan was developed in collaboration with the member/member's family based on the member's goals.	There is evidence that the service plan was developed in collaboration with the member/member's family based on the member's goals.	There is NO evidence that the service plan was developed in collaboration with the member/member's family based on the member's goals.	No N/A
There is evidence that the service plan was developed in collaboration with the member/member's family based on member preferences.	There is evidence that the service plan was developed in collaboration with the member/member's family based on member preferences.	There is NO evidence that the service plan was developed in collaboration with the member/member's family based on member preferences.	No N/A
There is evidence that the service plan was developed in collaboration with the member/member's family based on assessed needs.	There is evidence that the service plan was developed in collaboration with the member/member's family based on assessed needs.	There is NO evidence that the service plan was developed in collaboration with the member/member's family based on assessed needs.	No N/A
There is evidence that the service plan was followed.	There is evidence that the service plan was followed OR evidence as to why not such as hospitalization or member refused or appt.	There is NO evidence that the service plan was followed OR evidence as to why not such as hospitalization or member refused or appt.	No N/A
There is evidence that the PCS provider provided the plan to the member prior to service delivery	Evidence that the PCS provider provided the plan to the member prior to service delivery	No evidence that the PCS provider provided the plan to the member prior to service delivery	No N/A
There is evidence that the PCS provider provided the plan to the member when the plan is updated	Evidence that the PCS provider provided the plan to the member prior to service delivery and when the plan is updated	No evidence that the PCS provider provided the plan to the member prior to service delivery and when the plan is updated	No N/A
There is evidence that service logs document the PCS provided and billed.	Service logs document the PCS provided and billed.	Service logs do not document the PCS provided and billed.	No N/A
There is evidence that service logs document the member's name.	Service logs document the member's name.	Service logs do not document the member's name.	No N/A
			No N/A

There is evidence that service logs document name of direct service worker who provided the service	Service logs document name of direct service worker provider the service	Service logs do not document name of direct service worker provider the service	
There is evidence that service logs document assistance provided to the member.	Service logs document assistance provided to the member.	Service logs do not document assistance provided to the member.	No N/A
There is evidence that service logs document the date of service	Service logs document the date of service	Service logs do not document the date of service	No N/A
There is evidence that service logs document the place of services	Service logs document the place of services	Service logs do not document the place of services	No N/A
There is evidence that service logs are completed daily, as services are provided (may not be completed prior to services).	Evidence that service logs are completed daily, as services are provided (may not be completed prior to services).	No evidence that service logs are completed daily, as services are provided (may not be completed prior to services).	No N/A
There is evidence that service logs are signed by the direct service worker after the work has been completed at the end of the week	Service logs are signed after the work has been completed at the end of the week	Service logs are not signed after the work has been completed at the end of the week	No N/A
There is evidence that service logs are dated by the direct service worker after the work has been completed at the end of the week	Service logs are dated by the direct service worker after the work has been completed at the end of the week	Service logs are not dated by the direct service worker after the work has been completed at the end of the week	No N/A
There is evidence that service logs are signed the member or responsible representative after the work has been completed at the end of the week	Service logs are signed the member or responsible representative after the work has been completed at the end of the week	Service logs are not signed the member or responsible representative after the work has been completed at the end of the week	No N/A
There is evidence that service logs are dated by the member or responsible representative after the work has been completed at the end of the week	Service logs are dated by the member or responsible representative after the work has been completed at the end of the week	Service logs are not dated by the member or responsible representative after the work has been completed at the end of the week	No N/A
There is evidence that service logs are specific to only ONE member.	Each member has a separate service log	Each member does not have a separate service log	No N/A
There is evidence of a back-up staffing plan in the event the assigned direct service worker is unable to provide support due to unplanned circumstances or emergencies that may arise during the direct service worker's shift	Evidence of a back-up staffing plan in the event the assigned direct service worker is unable to provide support due to unplanned circumstances or emergencies that may arise during the direct service worker's shift	No evidence of a back-up staffing plan in the event the assigned direct service worker is unable to provide support due to unplanned circumstances or emergencies that may arise during the direct service worker's shift	No N/A
There is evidence that available options for back-up coverage were discussed with the member or his/her authorized representative and complete the required staffing plan	Evidence that available options for back-up coverage were discussed with the member or his/her authorized representative and complete the required staffing plan	No evidence that available options for back-up coverage were discussed with the member or his/her authorized representative and complete the required staffing plan	No N/A
There is evidence that the back-up plan includes person or persons responsible for back up coverage (including names, relationships, and contact phone numbers)	Back-up plan includes person or persons responsible for back up coverage (including names, relationships, and contact phone numbers)	Back-up plan does not include person or persons responsible for back up coverage (including names, relationships, and contact phone numbers)	No N/A
There is evidence that the back-up plan includes a toll-free telephone number with 24-hour availability that allows the recipient to contact the provider if the worker fails to show up for work	Back-up plan includes a toll-free telephone number with 24-hour availability that allows the recipient to contact the provider if the worker fails to show up for work	Back-up plan does not include a toll-free telephone number with 24-hour availability that allows the recipient to contact the provider if the worker fails to show up for work	No N/A
There is evidence that the back-up plan includes member signature	Back-up plan includes member signature	Back-up plan does not include member signature	No N/A
There is evidence that the back-up plan includes provider signature	Back-up plan includes provider signature	Back-up plan does not include provider signature	No N/A
There is evidence that the back-up plan includes date	Back-up plan includes date	Back-up plan does not include date	No N/A
There is evidence that the direct care worker contacted the provider when not able to provide services	Evidence that the direct care worker contacted the provider when not able to provide services	No evidence that the direct care worker contacted the provider when not able to provide services	No N/A
There is evidence that the direct care worker contacted the family/member immediately, when not able to provide services.	Evidence that provider contact the family/member immediately, when not able to provide services	No evidence that provider contact the family/member immediately, when not able to provide services	Back-up plan has not been used
There is evidence that the back-up plan is current.	Evidence that the back-up plan is current.	No evidence that the back-up plan is current.	No N/A
There is evidence that the back-up plan is being followed according to the plan.	Evidence that the back-up plan is being followed according to the plan.	No evidence that the back-up plan is being followed according to the plan.	No N/A
There is evidence of an individualized emergency plan in preparation for emergencies and disasters that may arise	Documented individualized emergency plan in preparation for emergencies and disasters that may arise	No documentation of an individualized emergency plan in preparation for emergencies and disasters that may arise	Back-up plan has not been used
There is evidence of an individualized emergency plan responses to emergencies and disasters that may arise	Documented individualized emergency plan in preparation for, and response to, emergencies and disasters that may arise	No documentation of an individualized emergency plan in preparation for, and response to, emergencies and disasters that may arise	No N/A
There is evidence of an individualized emergency plan documents specific resources available through the provider, natural resources, and the community	Individualized emergency plan documents specific resources available through the provider, natural resources, and the community	Individualized emergency plan does not document specific resources available through the provider, natural resources, and the community	No emergencies/disasters happened
There is evidence that the emergency plan is assessed on an ongoing basis whether the emergency plan is current and being followed according to the plan	Evidence that the emergency plan is assessed on an ongoing basis whether the emergency plan is current and being followed according to the plan	No evidence that the emergency plan is assessed on an ongoing basis whether the emergency plan is current and being followed according to the plan	No N/A
There is evidence that the emergency plan is signed by the member	The emergency plan is signed by the member	The emergency plan is not signed by the member	No N/A
There is evidence that the emergency plan is signed by authorized representative	The emergency plan is signed authorized representative	The emergency plan is not signed authorized representative	No N/A

N/A if there is no authorized representative.

There is evidence that the emergency plan is signed provider.	The emergency plan is signed provider.	The emergency plan is not signed provider.	
There is evidence that the emergency plan is dated by the member	The emergency plan is dated by the member	The emergency plan is not dated by the member	No N/A
There is evidence that the emergency plan is dated by the authorized representative	The emergency plan is dated by the authorized representative	The emergency plan is not dated by the authorized representative	No N/A
There is evidence that the emergency plan is dated by the provider.	The emergency plan is dated by the provider.	The emergency plan is not dated by the provider.	N/A if there is no authorized representative.
There is evidence that PCS does not include administration of medication	PCS does not include administration of medication	PCS includes administration of medication	No N/A
There is evidence that PCS does not include insertion and sterile irrigation of catheters	PCS does not include insertion and sterile irrigation of catheters	PCS includes insertion and sterile irrigation of catheters	No N/A
There is evidence that PCS does not include irrigation of any body cavities which require sterile procedures	PCS does not include irrigation of any body cavities which require sterile procedures	PCS includes irrigation of any body cavities which require sterile procedures	No N/A
There is evidence that PCS does not include complex wound care	PCS does not include complex wound care	PCS includes complex wound care	No N/A
There is evidence that PCS does not include skilled nursing services as defined in the State Nurse Practice Act.	PCS does not include skilled nursing services as defined in the State Nurse Practice Act.	PCS includes skilled nursing services as defined in the State Nurse Practice Act.	No N/A
There is evidence that services are provided in home and/or community- based settings	Services are provided in home and/or community- based settings.	Services are not provided in home and/or community- based settings.	No N/A
There is evidence that services are not provided in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of personal care services	Services are not provided in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of personal care services	Services are provided in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of personal care services	No N/A
There is evidence that services are not provided in the direct service worker's home	Services are not provided in the direct service worker's home	Services are provided in the direct service worker's home	No N/A
There is evidence that services are not provided in a nursing facility, Intermediate Care Facility for the Developmentally Disabled, Institute for Mental Disease, or other licensed congregate setting	Services are not provided in a nursing facility, Intermediate Care Facility for the Developmentally Disabled, Institute for Mental Disease, or other licensed congregate setting	Services are provided in a nursing facility, Intermediate Care Facility for the Developmentally Disabled, Institute for Mental Disease, or other licensed congregate setting	No N/A
There is evidence that PCS are not provided while the member is attending or admitted to a program or setting that provides in-home assistance with ADLs or IADLs or while attending or admitted to a program or setting where such assistance is provided	PCS are not provided while the member is attending or admitted to a program or setting that provides in-home assistance with ADLs or IADLs or while attending or admitted to a program or setting where such assistance is provided	PCS are provided while the member is attending or admitted to a program or setting that provides in-home assistance with ADLs or IADLs or while attending or admitted to a program or setting where such assistance is provided	No N/A
There is evidence that IADLs are not performed in the member's home when the member is absent from the home. Exceptions may be approved by the Medicaid managed care medical director on a case-by-case, time-limited basis	IADLs are not performed in the member's home when the member is absent from the home. Exceptions may be approved by the Medicaid managed care medical director on a case-by-case, time-limited basis	IADLs are performed in the member's home when the member is absent from the home. Exceptions may be approved by the Medicaid managed care medical director on a case-by-case, time-limited basis	No N/A
There is evidence that PCS are not billed during the time the member has been admitted to a hospital, nursing home, or residential facility. Services may be provided and billed on the day the member is admitted to the hospital and following the member's discharge	PCS are not billed during the time the member has been admitted to a hospital, nursing home, or residential facility. Services may be provided and billed on the day the member is admitted to the hospital and following the member's discharge	PCS are billed during the time the member has been admitted to a hospital, nursing home, or residential facility. Services may be provided and billed on the day the member is admitted to the hospital and following the member's discharge	No N/A
There is evidence that PCS does not supplant care provided by natural supports	PCS does not supplant care provided by natural supports	PCS does supplant care provided by natural supports	No N/A
There is evidence that PCS does not include room and board, maintenance, upkeep, and/or improvement of the member's or family's residence	PCS does not include room and board, maintenance, upkeep, and/or improvement of the member's or family's residence	PCS does include room and board, maintenance, upkeep, and/or improvement of the member's or family's residence	No N/A
There is evidence that PCS is not provided outside the state of Louisiana unless a temporary exception has been approved by the Medicaid managed care entity	PCS is not provided outside the state of Louisiana unless a temporary exception has been approved by the Medicaid managed care entity	PCS is provided outside the state of Louisiana unless a temporary exception has been approved by the Medicaid managed care entity	No N/A
There is evidence that services are not provided by biological, legal or step first, second, third or fourth degree relatives	Services are not provided by biological, legal or step first, second, third or fourth degree relatives	Services are provided by biological, legal or step first, second, third or fourth degree relatives	No N/A
There is evidence that services are not provided by first-degree relatives include parents, spouses, siblings, and/or children	Services are not provided by first-degree relatives include parents, spouses, siblings, and/or children	Services are provided by first-degree relatives include parents, spouses, siblings, and/or children	No N/A
There is evidence that services are not provided by second-degree relatives include grandparents, grandchildren, aunts, uncles, nephews, and/or nieces	Services are not provided by second-degree relatives include grandparents, grandchildren, aunts, uncles, nephews, and/or nieces	Services are provided by second-degree relatives include grandparents, grandchildren, aunts, uncles, nephews, and/or nieces	No N/A
There is evidence that services are not provided by third-degree relatives include great-grandparents, great-grandchildren, great aunts, great uncles, and/or first cousins	Services are not provided by third-degree relatives include great-grandparents, great-grandchildren, great aunts, great uncles, and/or first cousins	Services are provided by third-degree relatives include great-grandparents, great-grandchildren, great aunts, great uncles, and/or first cousins	No N/A
There is evidence that services are not provided by fourth-degree relatives include great-great grandparents, great-great grandchildren, and/or children of first cousins	Services are not provided by fourth-degree relatives include great-great grandparents, great-great grandchildren, and/or children of first cousins	Services are provided by fourth-degree relatives include great-great grandparents, great-great grandchildren, and/or children of first cousins	No N/A
There is evidence that services are not provided by curator, tutor, legal guardian, authorized representative, and/or any individual who has power of attorney.	Services are not provided by curator, tutor, legal guardian, authorized representative, and/or any individual who has power of attorney	Services are provided by curator, tutor, legal guardian, authorized representative, and/or any individual who has power of attorney	No N/A
			No N/A

The following is a list of the HIPAA-Compliant forms of video communication technology:

1. Apple Face Time
2. Facebook Messenger Video Chat
3. Google Hangouts Video
4. Zoom
5. Skype

6. Simple Practice

The following is a list of Business Associate Agreements (BAAs) (I am not sure that this needs to be included):

1. Skype for business/Microsoft Teams
2. Updox
3. VSee
4. Zoom for Healthcare
5. Doxy.me [doxy.me]
6. Google G Suite Hangouts Meet
7. Cisco Webex Meetings/Webex Teams
8. Amazon Chime
9. Go To Meeting
10. Spruce Health Care Messenger

This information is found in Informational Bulletin 20-5 (Revised November 24, 2020)