

ELEMENTS		Yes	No	NA	Reviewer Comments	Standards
	<b>LEGAL DOCUMENTATION</b>					
1	Guardianship information is documented for members who are minors or members who are adults with a legal guardian.					Manual for Empower Healthcare Solutions Providers
2	Notification of the provider's HIPAA/Privacy policy and practices is signed by the member/guardian, in accordance with provider policy.					Manual for Empower Healthcare Solutions Providers; Title VI of the Civil Rights Act of 1964; Health Insurance Portability and Accountability Act of 1996 (HIPAA), Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule")
3	Primary language and linguistic service needs of members with no or limited English proficiency (LEP) or members with hearing impairments and/or alternative service needs for members with vision impairments are prominently noted.					Manual for Empower Healthcare Solutions Providers; Title VI of the Civil Rights Act of 1964; Americans with Disabilities Act (ADA)
4	There is documentation that the member (and guardian, when applicable) received a copy of his or her Member Rights in a language the member can understand, as evidenced by the member's dated signature.					Manual for Empower Healthcare Solutions Providers
5	There is evidence that an Advance Directive has been offered to adults 18 years of age and older.					Manual for Empower Healthcare Solutions Providers

6	As required by the Arkansas Child Maltreatment Act and the Arkansas Adult Maltreatment Act regarding mandated reporting, required reports were made to the Arkansas Child Abuse Hotline, Adult Protective Services Hotline regarding maltreatment, abuse, neglect, or exploitation of this member, when required.					Manual for Empower Healthcare Solutions Providers; Arkansas Child Maltreatment Act; Arkansas Adult Maltreatment Act
<b>CONSENTS FOR RELEASE OF INFORMATION</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
7	There is a signed and dated Authorization for Consent to Release of Information consenting to the sharing of treatment information between the behavioral health provider and *Empower Healthcare Solutions *the Primary Care Physician *other service providers (as appropriate) *school personnel (for school-age children and adolescents) *interpreters utilized for language translation or communication *any other involved parties *any persons or entities with whom member's information has been shared					Manual for Empower Healthcare Solutions Providers; 42 U.S.C. § 290dd-2; 42 C.F.R. § 2.11-2.12
<b>MEMBER INFORMATION</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
8	There is documentation of the member's demographic and personal/biographical information.					Manual for Empower Healthcare Solutions Providers
9	There is documentation of an identified Emergency Contact for the member.					Manual for Empower Healthcare Solutions Providers
10	There is documentation of the member's assigned primary care physician (PCP).					Manual for Empower Healthcare Solutions Providers
11	The member's current Empower Person-Centered Service Plan (PCSP) is in the record.					Manual for Empower Healthcare Solutions Providers

## MEDICAL RECORD DOCUMENTATION REVIEW – BEHAVIORAL HEALTH PROVIDERS

	<b>INITIAL ASSESSMENT (i.e., INTAKE, INITIAL EVALUATION, MENTAL HEALTH DIAGNOSIS DOCUMENT)</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
12	Documentation of an Initial Assessment (i.e., Intake, Initial Evaluation, Mental Health Diagnosis document) is in the member's record.					Manual for Empower Healthcare Solutions Providers; 42 CFR 440.20(a) and 42 CFR 440.90
13	There is evidence of an assessment of the member's substance use and any co-occurring substance use disorder for members ten (10) years and older.					Manual for Empower Healthcare Solutions Providers; 42 CFR 440.20(a) and 42 CFR 440.90
14	Assessment of member risk, which includes the presence or absence of current and past suicidal or homicidal risk and potential danger toward self or others, is prominently documented in the record.					42 CFR 440.20(a) and 42 CFR 440.90
	<b>DIAGNOSIS AND TREATMENT PLANNING</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
15	Sufficient detailed information to substantiate all DSM or ICD diagnoses, consistent with clinical findings (based upon assessment of presenting problems, history, mental status exam, etc.), is documented.					Manual for Empower Healthcare Solutions Providers
16	An individualized Treatment Plan consistent with the diagnoses prescribing the member's prescribed treatment and services is in the record.					Manual for Empower Healthcare Solutions Providers; 42 CFR 440.20(a) and 42 CFR 440.90
17	There is documentation of the member's progress toward treatment objectives and need for continued services on the Periodic Review of the Treatment Plan and Treatment Plan updates.					Manual for Empower Healthcare Solutions Providers; 42 CFR 440.20(a) and 42 CFR 440.90

## MEDICAL RECORD DOCUMENTATION REVIEW – BEHAVIORAL HEALTH PROVIDERS

<b>MEDICATIONS</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
<b>18</b>	There is documentation of a Medication List for the member; prescriptions, refills, changes in medication (including changes in dosage and frequency, and discontinuation of medications and dates for each are documented.					Manual for Empower Healthcare Solutions Providers; 42 CFR 440.20(a) and 42 CFR 440.90
<b>TREATMENT DOCUMENTATION</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
<b>19</b>	Treatment-specific information was provided in the member's preferred alternative format (e.g., braille or large printed material, electronic or audio presentation, etc.) for a member with vision impairment where a need has been identified.					Americans with Disabilities Act (ADA)
<b>20</b>	Documentation of the translation of any spoken language or the use of an interpreter or other communication assistance for the member with non- or limited English proficiency or with hearing impairment during service provision or other communications is prominently documented.					Manual for Empower Healthcare Solutions Providers
<b>21</b>	For child and adolescent members, there is evidence of active involvement of the member's family/primary caretakers in the assessment, treatment planning, and treatment, as appropriate.					Manual for Empower Healthcare Solutions Providers
<b>22</b>	There is sufficient written documentation to support each medical or remedial therapy, service, activity, or session provided; documentation reflects that services are goal-directed and focus on treatment objectives.					42 CFR 440.20(a) and 42 CFR 440.90

23	Documentation regarding planned follow-up care, calls, or visits is in the record; the specific time of return for services is noted in weeks, months, or as needed or a specific date.					Manual for Empower Healthcare Solutions Providers
24	There is documentation of missed/cancelled appointments (by member and provider) and follow-up contacts/outreach efforts with the member.					Manual for Empower Healthcare Solutions Providers
	<b>MEMBER SAFETY</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
25	Medication allergies and adverse reactions are prominently documented in a uniform location in the medical record.					Manual for Empower Healthcare Solutions Providers
26	When member risk of harm to self or others has been identified, there is documentation that risk assessments are current and ongoing and appropriate measures are taken in response to the risk.					National Accreditation Standards: The Joint Commission (TJC); Commission on Accreditation of Rehabilitation Facilities (CARF); Council on Accreditation (COA)
27	If restrictive interventions utilized, there is documentation that they were utilized appropriately and the required supporting documentation is present.					Manual for Empower Healthcare Solutions Providers; Arkansas DHS DDS Community and Employment Supports (CES) Waiver Minimum Certification Standards; Agreement Outlining Minimum Standards for PASSE HCBS Providers

28	There is documentation that Empower and the DHS PASSE Quality Assurance Unit were notified of all required reportable events/incidents regarding the member via submission of Incident Reports.					Manual for Empower Healthcare Solutions Providers; Agreement Outlining Minimum Standards for PASSE HCBS Providers
	<b>REFERRALS FOR OTHER SERVICES, INCLUDING CONSULTATION AND DIAGNOSTIC TESTING</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
29	There is evidence that the member was promptly referred to the appropriate level of care, when indicated.					Best Clinical Practices
30	If a substance use disorder was identified but the provider is not treating the substance use disorder, there is evidence that a treatment recommendation and referral appropriate to effectively treat the condition(s) identified was made, when indicated.					Best Clinical Practices
31	There is documentation of referrals to other providers, requested consultations, and ordered laboratory and diagnostic tests, as appropriate. There is evidence they have been reviewed by the physician upon receipt, as evidenced by initials, signature, or other notation.					Manual for Empower Healthcare Solutions Providers
32	Abnormal laboratory and imaging study or diagnostic testing results have explicit notations for follow-up plans with the member; follow-up documentation with the member is documented.					Manual for Empower Healthcare Solutions Providers
	<b>COORDINATION OF CARE</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
	<b>Coordination of Care - Primary Care Physician (PCP)</b>					

33	There is evidence that the treatment provider contacted, collaborated, received treatment or service information from, or communicated in any way with the PCP.					Manual for Empower Healthcare Solutions Providers
<b>Coordination of Care - Other Service Provider</b>						
34	There is evidence that the treatment provider contacted, collaborated, received treatment or service information from, or communicated in any way with another Inpatient/Residential Treatment/Outpatient behavioral health treatment provider regarding the member's clinical care.					Manual for Empower Healthcare Solutions Providers
35	There is evidence that the treatment provider contacted, collaborated, received treatment or service information from, or communicated in any way with the member's DD provider regarding the member's care.					Manual for Empower Healthcare Solutions Providers
36	There is evidence that the treatment provider contacted, collaborated, received treatment or service information from, or communicated in any way with the member's substance abuse treatment provider regarding the member's care.					Manual for Empower Healthcare Solutions Providers
<b>Coordination of Care - Empower Care Coordination</b>						
37	There is evidence that the treatment provider contacted, collaborated, received information from, or communicated in any way with the Empower Care Coordinator.					Manual for Empower Healthcare Solutions Providers
<b>Coordination of Care - School</b>						
38	There is evidence that the treatment provider contacted, collaborated, received information from, or communicated in any way with the member's school (for children and adolescents, when appropriate).					Manual for Empower Healthcare Solutions Providers
<b>Coordination of Care - Other</b>						

39	There is evidence that the treatment provider contacted, collaborated, received clinical information from, or communicated in any way with any state agencies, community resources, etc.					Manual for Empower Healthcare Solutions Providers
	<b>RECORD ENTRIES AND RECORD ORGANIZATION</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Reviewer Comments</b>	<b>Standards</b>
40	The member's name and/or medical record number are documented on every page in the record.					Manual for Empower Healthcare Solutions Providers
41	All entries are made in accordance with acceptable legal medical documentation standards, are legible, and are maintained in detail.					Manual for Empower Healthcare Solutions Providers
42	All entries are dated and signed by the provider rendering the care.					Manual for Empower Healthcare Solutions Providers
43	Errors are corrected according to legal medical documentation standards: any corrections or alterations made to existing documentation must be clearly visible, with a single line used to strike an entry, labeled error, and initialed and dated.					National Committee for Quality Assurance (NCQA): Guidelines for Medical Record Documentation (commonly accepted standards for medical record documentation)
44	There is no evidence of “cloned” documentation in the record.					Office of Inspector General, 2014; Centers for Medicare & Medicaid Services, Medicaid Documentation for Medical Professionals, December 2015
45	There is no identifying or Protected Health Information about another individual documented in the member's record.					Health Insurance Portability and Accountability Act of 1996 (HIPAA), Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule")





# MEDICAL RECORD DOCUMENTATION REVIEW – BEHAVIORAL HEALTH PROVIDERS

46	Medical records are consistently organized.					Manual for Empower Healthcare Solutions Providers