

| Section/Item Number | Scoring Guidelines | Regulations/Statutes/Guidelines |
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| A-General | | |
| A1) Record is legible | <ul style="list-style-type: none"> * Record is generally readable and understandable * No partial scoring | NE Provider Handbook Appendix B/Adult pg 12, NE Provider Handbook Appendix B/Youth pg 11; 471 Nebraska Administrative Code: 20-001.19 Clinical Records, 32-001.12 Clinical Records MRO Services 471 Nebraska Administrative Code: 35-004.04 Clinical Documentation |
| A2) Consumer name or ID number noted on each page of record | <ul style="list-style-type: none"> * Consumer name or ID number is noted on each page * No partial scoring | 471 Nebraska Administrative Code: 20-002.07 Documentation in Client's Clinical Records; 32-001.12A Clinical Records; MRO Services 471 Nebraska Administrative Code: 35-004.04 Clinical Documentation |
| A3) Entries are dated and signed by appropriately credentialed provider | <ul style="list-style-type: none"> * All entries are dated and signed by a provider whose credentials are appropriate for providing care at the approved level of care * No partial scoring | Magellan of NE Provider Handbook Supplement Sect. 2; NE Provider Handbook Appendix B/Adult Sect. B3 pg 11; NE Provider Handbook Appendix B/Youth Sect. B3 pg 10-11 471 Nebraska Administrative Code: 20-001.13-Psychiatric Therapeutic Staff Standards; 32-001.06B Responsibilities of the Supervising Practitioner; 20-001.17 Treatment Plans |
| A4) Record contains relevant demographic info including address, employer/school, phone, emergency contact, marital status | <ul style="list-style-type: none"> * All relevant items including address, employer/school, phone, emergency contact, marital/legal status, living circumstances must be present. * Score as partial and comment if key items are missing | MRO Services 471 Nebraska Administrative Code: 35-004.04 Clinical Documentation |
| B - Consumer Rights and Confidentiality | | |
| B1) Signed treatment informed consent form or refusal documented | <ul style="list-style-type: none"> * Current consent forms, in the approved and proper format, are signed by the member or guardian if the member has one and available in the record. If no, notes indicate that signing of the consent forms was discussed and the consumer's refusal is documented. * No partial scoring | 32-006.04A Pre-Admission Authorization; Magellan National Provider Handbook pg 64; Nebraska LB 44-2816 Informed consent, defined |
| B2) Patient Bill of Rights signed or | * Current Pt Bill of Rights, in the approved | Nebraska Provider Handbook Supplement pg 4-1, |

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| <p>refusal documented</p> | <p>and proper format, is signed and available in the record. If no, notes indicate that signing of the Pt Bill of Rights was discussed and the consumer's refusal is documented. * No partial scoring</p> | <p>Magellan National Provider Handbook pg 62 MRO Services 471 Nebraska Administrative Code: 35-004.04A Clinical Documentation 35-004.04A Clinical Documentation; 35-004.06 Clients' Rights</p> |
| <p>B3) Psych advance directives or refusal documented</p> | <p>*Offer Psych advanced directives for all levels of care *Does not apply to youth 18 (guardian makes decisions) and younger or if an adult with a guardian *Current psychiatric advance directives, in the approved and proper format, are signed and available in the record. If no, notes indicate that signing of psychiatric advance directives was discussed and the consumer's refusal is documented. * No partial scoring</p> | <p>Nebraska Provider Handbook Supplement page 2-8, State of Nebraska Statutes 30-3401-30-3432, http://www.nrc-pad.org</p> |
| <p>B4) Informed consent for meds signed or refusal documented</p> | <p>* Current informed consent for meds form, in the approved and proper format, is signed and available in the record. If not, notes indicate that signing of informed consent for meds form was discussed and the consumer's refusal is documented. * Record indicates education re: meds was provided *This item is for medication providers only, N/A for all other providers. * Check Yes and insert "NA" in the comment cell if consumer has not using meds * No partial scoring</p> | <p>Nebraska LB 44-2816. Informed consent, defined. Nebraska Provider Handbook Supplement page 2-7. Appendix B, Children, page 26, Adults, page 18</p> |
| <p>B5) Release(s) for communication w/ current and relevant former, providers and involved parties, e.g., psychiatrist, APRN, therapists, school, etc., are signed or patient refusal documented</p> | <p>* Current release(s) for communication with other providers, in the approved and proper format, are signed and available in the record. If no, notes indicate that signing of release(s) for communication w/PCP & other providers was discussed and the consumer's refusal is documented. * Score as partial and comment if any of the above items are missing</p> | <p>Nebraska Provider Handbook Supplement page 2-7, 2-8, 4-1 & 3-7, Magellan National Provider Handbook pg 35-37; NE Provider Handbook Appendix B, adult, page 23-24, child, page 33 Treatment Plans Nebraska Administrative Code 471: 32-001.11 Coordination of Care; 20-001.08 Coordinated Services; 20-001.12 Service Definitions; 20-001.17 MRO Services Nebraska Administrative Code 471: 35-004.01A Program Components</p> |

| C - Initial Evaluation | | |
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| C1A) Reason member is seeking services or “why now” | <p>“Why now” reason for seeking treatment today versus another day (what was the “straw that broke the camel’s back?”), e.g. an argument with a significant other, etc. *No partial scoring</p> | <p>NE Provider Handbook Supplement section 3; NE Provider Handbook Appendix B Adult pg 15/Youth pg 14</p> |
| C1B) Comprehensive Mental Status Exam that supports the treatment diagnosis, including the Supervising Practitioner recommendations for active treatment interventions. | <p>* All aspects of presenting problem and mental status evaluation, along w/relevant psychological and social conditions affecting medical and psychiatric status, are documented. * Mental status exam includes assessment of usual items such as: affect, speech, mood, thought content, judgment, insight, attention/concentration, memory, impulse control * No partial scoring.</p> | <p>NE Provider Handbook Appendix C Medical Necessity Guidelines Medical Necessity Guidelines pg 93-95 Magellan Provider Handbook Supplement pg 3-5 to 3-6, NE Provider Handbook Appendix B Adult pg 15/Appendix B youth pg 14 471 Nebraska Administrative Code: 32-001.05 Initial Diagnostic Interview MRO Services Nebraska Administrative Code 471: 35-004.01A Program Components; 35-001.01 Definition of Severe and Persistent Mental Illness;</p> |
| C2) DSM-5 Diagnosis | <p>* A current DSM-5 diagnosis is documented. *Score as partial if not in DSM 5 format or missing codes/diagnosis description</p> | <p>Magellan Provider Handbook Supplement Section 3, NE Provider Handbook Appendix B Adult pg 15/Appendix B youth pg 14 NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95 471 Nebraska Administrative Code: 32-001.05 Initial Diagnostic Interview; MRO Services 471 Nebraska Administrative Code 35-001.01 Definition of Severe and Persistent Mental Illness;</p> |
| C3) History & symptomology consistent w/DSM-5 criteria | <p>* DSM diagnosis is consistent with the presenting symptoms, mental status exam, history, and other assessment data. * Score as partial if documentation exists but it does not support the DSM diagnosis.</p> | <p>NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95 NE Provider Handbook Appendix B Adult pg 15/Appendix B youth pg 14 471 Nebraska Administrative Code: 32-001.05 Initial Diagnostic Interview; MRO Services 471 Nebraska Administrative Code: 35-001.01 Definition of Severe and Persistent Mental Illness</p> |
| C4) Psychiatric treatment history | <p>* History includes relevant previous providers, interventions, family info and treatment dates. * Score as partial and comment if any of the above items are missing</p> | <p>NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95 NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14 471 Nebraska Administrative Code: 32-001.05 Initial Diagnostic Interview;</p> |

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| | | MRO Services 471 Nebraska Administrative Code 35-004.01A Program Components; |
| C5) Co-occurring (co-morbid) substance induced and substance use disorder screening and/or full assessment | <ul style="list-style-type: none"> * Documentation should contain the following: * For members age >12, a thorough substance use assessment is completed. * Past history of substance use * A description of past SA treatment and outcome * ASAM assessment and treatment recommendations if applicable * No partial scoring | <p>471 Nebraska Administrative Code: 20-001.07 Dually Diagnosed Clients;</p> <p>NE Provider Handbook Supplement section 3;</p> <p>NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14</p> |
| C6) Current and past suicide/danger risk assessed | <ul style="list-style-type: none"> * Past and current hx of suicidal ideation, gesture, plan or attempt explored and documented. * Risk factors in a suicide assessment may include exploration of: gender ID d/o in teens, advanced age/debilitating illness/gender in seniors, insomnia, substance use/abuse, anxiety, recent IP D/C and/or hx of violence. * No partial scoring | <p>NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95</p> <p>NE Provider Handbook Supplement section 3;</p> <p>Magellan National Provider Handbook pg 50</p> <p>NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14</p> |
| C7) Level of familial/supports assessed and involved as indicated | <ul style="list-style-type: none"> * Family and other external supports explored and either considered or included in treatment as indicated. * No partial scoring | <p>Magellan Provider Handbook Nebraska Supplement Section 3</p> <p>NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14</p> <p>471 Nebraska Administrative Code: 20-001.03 Family of Origin; 32-001.05 Initial Diagnostic Interview;</p> <p>MRO Services Nebraska Administrative Code 471: 35-004.04A Clinical Record</p> |
| C8) Consumer ID'ed areas for improvement | <ul style="list-style-type: none"> * Provider explored consumer identified areas for improvement and consumer-identified desired outcomes. Score as "yes" if evidence of consumer identified areas for improvement and desired outcomes found in treatment plan/progress notes of treatment record. * Both items must be present for credit | <p>NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14</p> |
| C9) Medical history | <ul style="list-style-type: none"> * History includes relevant medical conditions, current providers, | <p>471 Nebraska Administrative Code: 32-001.05 Initial Diagnostic Interview;</p> |

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| | <p>relevant past providers and special needs as indicated.</p> <p>* Score as partial and comment if any of the above items are missing</p> | <p>Magellan Provider Handbook Supplement Section 3 Magellan National Provider Handbook pg 7, 36-37 NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14</p> |
| C10) Exploration of allergies and adverse reactions | <p>* Allergies and adverse reactions - or, no known allergies (NKA) or sensitivities - to foods, drugs and other substances documented</p> <p>* No partial scoring</p> | <p>NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14</p> |
| C11) All current medications w/dosages | <p>* Current medications including dosages, relevant dates documented for all prescribed and over the- counter medications.</p> <p>* Changes in medication type and dosage are noted along w/date and rationale</p> <p>* Score as partial and comment if any of the above items are missing</p> | <p>NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14</p> |
| C12) Discussion of d/c planning/linkage to next level | <p>* Documentation indicates discharge plans, or plans for linkage to the next level of care leading to discharge, were considered and discussed with the consumer</p> <p>* No partial scoring</p> | <p>NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14</p> |
| C13) Assess of consumer strengths, skills, abilities, motivation etc | <p>*Assessment considers inner strengths and social conditions, talents, skills, abilities, preferences, achievements and level of motivation.</p> <p>*Assessment of consumer strengths is written from the perspective of the consumer and focuses on how the consumer identifies and views his/her own strengths.</p> <p>*Score as partial and comment if key assessment elements are lacking.</p> | <p>Magellan Provider Handbook Supplement section 3, NE Provider Handbook Appendix B Adult pg 16/Appendix B youth pg 14</p> <p>471 Nebraska Administrative Code 20-006.11 Documentation in the Client's Clinical Record</p> <p>MRO Services Nebraska Administrative Code 471: 35-004.04A Clinical Record</p> |
| D - Individualized Treatment Plan | | |
| D1A) Individualized treatment plan | <p>*An up-to-date, strengths-based plan that is consistent with the consumer's diagnosis, situation and progress is present.</p> <p>*Documentation indicates consumer involvement in, and agreement with, individualized treatment planning.</p> <p>*Described interventions consistent with</p> | <p>NE Provider Handbook Appendix B Youth pgs 10-11 and Adult pg 3, NE Provider Handbook Appendix C Medical Necessity Guidelines pg 5</p> <p>471 Nebraska Administrative Code: 20-001.16 Active Treatment; 32.001.09 Treatment Plans,</p> |

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| | <p>treatment plan goals. *No partial score</p> | <p>MRO Services 471 Nebraska Administrative Code: 35-014.01B Individual Treatment, Rehabilitation, and Recovery Planning; 35-004.04 Clinical Documentation, 35-009 Plan Development</p> |
| <p>D1B) Strengths Based treatment plan</p> | <p>*Record demonstrates concepts relating to recovery and resiliency such as incorporating of strengths and resiliency factors. Strength charts and checklists are used to assess individual and family strengths and community resources that are included in treatment planning. Treatment plan goals are oriented towards improving functioning and empowerment. *No partial score</p> | <p>NE Provider Handbook Appendix B Youth pg 2 and Adult pg 3</p> |
| <p>D1C) Treatment plan is current</p> | <p>*Treatment plan is updated at least every 90 days *Documentation indicates regular review of the plan with changes as the consumer progresses. *No partial score</p> | <p>NE Provider Handbook Appendix B Youth pg 33 and Adult pg 23 471 Nebraska Administrative Code 32-001.06B Responsibilities of Supervising Practitioner 20-002.06A Treatment Planning Document Update;</p> |
| <p>D2) Measurable goals/objectives documented</p> | <p>* All goals/objectives are worded in terms that are measurable and quantifiable * Goals align w/consumer identified areas for improvement and outcomes * Goals reflect the member's hopes, dreams, and recovery vision while emphasizing increased quality of life and involvement in meaningful community activities, including goals related to living, learning, working, and social connectedness. * No partial scoring</p> | <p>NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95 NE Provider Handbook Appendix B Youth pg 2 and Adult pg 3 471 Nebraska Administrative Code, 20-001.17 Treatment Plans, 32.001.09 Treatment Plans, 20-001.16 Active Treatment,</p> |
| <p>D3) Goals/objectives have target date/number of sessions for achievement</p> | <p>* All goals/objectives have reasonable, estimated time frames and/or number of sessions for attainment or problem resolution * No partial scoring</p> | <p>471 Nebraska Administrative Code: 20-001.17 Treatment Plans; 32.001.09 Treatment Plans; NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95 NE Provider Handbook Appendix B Youth pg 2 and Adult pg 3</p> |

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| <p>D4) Goals/objectives align w/consumer identified areas for improvement/outcomes</p> | <p>* Documentation clearly indicates consumer participation in the development and endorsement of treatment plan and plan goals/objectives and timeframes. Score as "yes" if evidence of consumer identified areas for improvement and desired outcomes are found in the initial evaluation/progress notes or treatment plan of treatment record. Member has signed the treatment plan. * No partial scoring</p> | <p>NE Provider Handbook Appendix B Youth pgs 10-11, pg 33 and Adult pg 3, pg 23 NE Provider Handbook Appendix C Medical Necessity Guidelines page 93-95 471 Nebraska Administrative Code, 20-001.17 Treatment Plans, 32.001.09 Treatment Plans,</p> |
| <p>D5) Use of preventive/ancillary services incl. community & peer supports considered</p> | <p>* Documentation indicates discussion w/consumer included exploration/consideration of relevant ancillary services including, but not limited to support groups, faith based involvement, neighborhood and community supports, peer supports and preventive services. * Score as partial and comment if discussion occurred, but not all relevant ancillary services were considered</p> | <p>NE Provider Handbook Supplement section 3 NE Provider Handbook Appendix B Youth pg 12 and Adult pg 13 NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95</p> |
| <p>D6) Crisis plan and safety plan fully documented</p> | <p>* Crisis plan which may be included in the WRAP plan and/or Relapse Plan is developed with member's input * No partial scoring</p> | <p>Magellan National Provider Handbook pg 50</p> |
| <p>E - Ongoing Treatment</p> | | |
| <p>E1) Documentation substantiates treatment at the current intensity of care (level of care)</p> | <p>* Documentation clearly supports the consumer's ongoing need for this level of care based upon Magellan Medical Necessity Criteria. *Treatment provided is active treatment * No partial scoring</p> | <p>Magellan Provider Handbook Supplement pg 3-5, NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95, 471 Nebraska Administrative Code 20-001.15-17; 32-001.02, 08-09; MRO Services 471 Nebraska Administrative Code 35.004.04;</p> |
| <p>E2) Progress towards measurable consumer identified goals & outcomes evidenced. If not, barriers are being addressed.</p> | <p>* Documentation indicates clear and measurable progress towards goals/objectives and consumer identified outcomes.</p> | <p>Magellan Provider Handbook Appendix B-Adult pg 3-4, 8; Appendix B-Youth pg 2, 6-7; Magellan National Provider Handbook pg 57 471 Nebraska Administrative Code 20-001.15-17;</p> |

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| | <ul style="list-style-type: none"> * Adjustments to the treatment plan are made as a result of review and progress. Score as "yes" if evidence of consumer identified areas for improvement and desired outcomes found in initial evaluation/treatment plan of treatment record. * If no, barriers and reasons for delays were addressed and rectified. * No partial scoring | 32.001.02, 08-09; |
| E3) Clinical assessments & interventions evaluated at each visit | <ul style="list-style-type: none"> * Clinical findings including the intervention utilized are documented * No partial scoring | 471 Nebraska Administrative Code 20-001.15-18; 32-001.02, 08-09; Nebraska Provider Handbook Supplement Section 3-5 Medical Necessity MRO Services 471 Nebraska Administrative Code: 35.004.04 |
| E4) Substance use screening is current/ongoing | <ul style="list-style-type: none"> * Provider routinely screens for relapse or possible new substance use as clinically indicated * No partial scoring | Appendix B-Adult pg 23; Appendix B-Youth pg 33 |
| E5) Comprehensive suicide/risk assessment is current/ongoing | <ul style="list-style-type: none"> * Ongoing suicide/risk assessment being conducted as appropriate * Members who become homicidal, suicidal, or unable to conduct activities of daily living, are referred to appropriate level of care * No partial scoring | Appendix B-Adult pg 23; Appendix B-Youth pg 33 |
| E6) Medications are current | <ul style="list-style-type: none"> * Ongoing monitoring of medication effectiveness is occurring * Ongoing monitoring for potential side effects is occurring * Changes in medication type and dosage are noted along w/date and rationale * Score as partial and comment if any of the above items are missing | Appendix B-Adult pg 23; Appendix B-Youth pg 33, Magellan Provider Handbook Supplement pg 3-7 |
| E7) Evidence of treatment being provided in a culturally competent manner | <ul style="list-style-type: none"> * Record clearly demonstrates consideration/assessment of member's language and religious and cultural preferences * There is clear indication that treatment is provided in the consumer's preferred language. * Plans reflect sensitivity to, and are | 471 Nebraska Administrative Code 20-001.06; 32-001.04 Magellan Provider Handbook Supplement page 2-6 |

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| | <p>appropriate for, the consumer's language and culture</p> <p>* Score as partial and comment if any of the above items are missing</p> | |
| E8) Family/support systems contacted/involved as appropriate/feasible | <p>* Available family and support systems were explored</p> <p>* If the consumer agrees, provider engaged available family and support systems</p> <p>* No partial scoring</p> | <p>471 Nebraska Administrative Code, 20-001.03; 32-001.03; Appendix B-Adult pg 4; Appendix B-Youth pg 2</p> <p>MRO Services 471 Nebraska Administrative Code: 35-004.04</p> |
| E9) Ancillary/preventive services considered, used and coordinated as indicated | <p>* Ancillary and preventive services considered throughout the course of treatment. Services include, but not limited to PCPs, other providers, care managers, peer service, culturally preferred services, prevention programs, etc.</p> <p>* Once determined, appropriate releases are obtained and communication is established, care is coordinated as appropriate</p> <p>* Score as partial and comment if any of the above items are missing</p> | <p>471 Nebraska Administrative Code 20-001.04, 08, 18; 32-001.10-11</p> |
| E10) D/C planning/linkage to alternative tx (level of care) leading to D/C occurring | <p>* Evidence of ongoing discussion of progress towards discharge linkage to the next level of care leading to discharge</p> <p>* No partial scoring</p> | <p>Magellan Provider Handbook Supplement pg 3-6 to 3-7, NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95</p> |
| E11) Member compliance or non-compliance with medications is documented; if non-compliant, interventions considered | <p>*No partial scoring</p> | <p>Appendix B-Adult pg 23; Appendix B-Youth pg 33</p> |
| E12) Progress notes have required information | <p>Progress notes have required information:</p> <ul style="list-style-type: none"> • link to or identify the goal being addressed • are comprehensive regarding the session and contain sufficient clinical information and assessment to describe member status and need for treatment <p>*records are complete, are not duplicative, present a full picture of the therapies provided and reflect client reaction to interventions</p> | <p>NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95</p> <p>471 Nebraska Administrative Code,20-001.19; 32-001.12; MRO Services 471 Nebraska Administrative Code: 35-004.04</p> <p>http://dhhs.ne.gov/medicaid/Documents/pb0617.pdf</p> |

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| | <ul style="list-style-type: none"> * start time/end time, family, individual or group session, names of client and persons in the session and their relationship to the client *reflect medical necessity for treatment * adequately describe the content of a session * document progress or lack of progress regarding goals utilizing client strengths to address barriers * medication changes/plan for discharge/community resource linkage * documented coordination efforts and discussion of progress, discharge and referrals as appropriate * be legible and signed and dated by the licensed clinician indicate the date of the next session. (Noting the client will be seen “in one week/month” illustrates frequency of contact if date is not set) *Place of service * Score as partial and comment if any of the above items are missing | |
| F - Addendum for Special Populations | | |
| F1) Guardianship information noted | <ul style="list-style-type: none"> * The relationship between the child and the adult responsible for his/her day-to-day care is clearly explained. This relates to adult members who have a guardian as well. * If the guardian is not the biological parent, the role of the biological parent in the child’s life is explained. * Record contains complete contact information for the guardian for adults and for children * Score as partial and comment if any of the above items are missing * Score as Yes and comment if the consumer is not a child | 471 Nebraska Administrative Code 32-006.04A Pre-Admission Authorization; Nebraska Provider Handbook Supplement page 2-7, 3-6 |
| F2) Developmental history for | * Development history for children and | NE Provider Handbook Appendix B Youth pg 9, 23 |

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| children and adolescents | adolescents, including prenatal and perinatal events, are documented * Score as partial and comment if any of the above items are missing * Score as Yes and comment if the consumer is not a child | |
| F3) If member has substance use disorder, is there evidence of Medication Assisted Treatment and or discussion | * No partial scoring | CPG Guidelines, Magellan National Provider Handbook pg 54, NE Provider Handbook Appendix C pg 93-95 Medication Assisted Treatment: http://magellanofnebraska.com/for-providers-ne/providing-care/medication-assisted-treatment-(mat).aspx |
| G - Addendum for NCQA Site Only | | |
| G1) Records are stored securely | n/a | |
| G2) Only authorized personnel have access to records | n/a | |
| G3) Staff receive periodic training in confidentiality of member information | n/a | |
| G4) Treatment records are organized and stored to that allow easy retrieval | n/a | |
| H - Coordination of Care | | |
| H1) Documentation of supervision if not IMHP including required signatures on treatment plan and updates | * No partial scoring | NE Provider Handbook Appendix B/Adult pg 10-11, NE Provider Handbook Appendix B/Youth pg 9 471 Nebraska Administrative Code,20-001.13-Psychiatric Therapeutic Staff Standards,32-001.06B Responsibilities of the Supervising Practitioner, 20-001.17 Treatment Plans,32.001.09 Treatment Plans |
| H2) Evidence of provider request of consumer for authorization for PCP communication | * No partial scoring | Nebraska Provider Handbook Supplement page 2-9 #8 and page 4-1&3-7, Magellan National Provider Handbook pg 35,37, 51, 53, 62, 65, NE Provider Handbook Appendix C Medical Necessity Guidelines pg 90-92 NE Provider Handbook Appendix B/Adult pg 23, NE |

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| | | Provider Handbook Appendix B/Youth pg 33 |
| H3) Evidence consumer refused authorization for PCP communication | * No partial scoring | NE Provider Handbook Appendix B/Adult pg 23, NE Provider Handbook Appendix B/Youth pg 33 Magellan National Provider Handbook pg 35,37, 51, 53, 62, 65 |
| H4) Evidence provider discussed barriers to coordination with PCP and other providers | * No partial scoring | Nebraska Provider Handbook Supplement page 2-9 #8 and page 4-1&3-7; Magellan National Provider Handbook pg 35,36, 37, 57,54 |
| H5) PCP communication after initial assessment/evaluation | * No partial scoring | Nebraska Provider Handbook Supplement page 2-9 #8 and page 4-1&3-7, Magellan National Provider Handbook pg 35,37, 51, 53 65 |
| H6) Evidence of PCP communication at other significant points in treatment, e.g.-Medication initiated, discontinued, or significantly altered-Significant changes in diagnosis or clinical status- At termination of treatment | * No partial scoring | Nebraska Provider Handbook Supplement page 2-9 #8 and page 4-1&3-7, Magellan National Provider Handbook pg 35,37, 51, 53, 62, 65 471 Nebraska Administrative Code 32-001.11 Coordination of Care NE Provider Handbook Appendix B/Adult pg 23, NE Provider Handbook Appendix B/Youth pg 33 – IOP pg 45 |
| H7) Treatment Record reflects continuity and coordination of care between primary behavioral health clinician and (note all that apply under comments): psychiatrist, treatment programs/institutions, other behavioral health providers, ancillary providers | * No partial scoring | NE Provider Handbook Appendix B/Adult pg 23-24, NE Provider Handbook Appendix B/Youth pg 11-12, 33 |
| H8) Coordination with community based resources or external resources | | Magellan Provider Handbook Supplement pg 3-6 to 3-7, NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95 471 Nebraska Administrative Code: 20-001.08 Coordinated Service; 20.001.04 Community Based Care; 32-001.11 Coordination of Care; 20-001.18 Transition and Discharge Planning; 32-001.10 Transition and Discharge Planning; 20-001.13 Psychiatric Therapeutic Staff Standards; 32-001.05-06 Initial Diagnostic Interview; |
| H9) Referral as indicated for community resources or external resources e.g. psychiatric evaluation, medical/surgical consult or medical rehabilitation | *Evidence of client referred for psychiatric evaluation, medical/surgical consult or medical rehabilitation * No partial scoring - score as yes if not applicable | 471 Nebraska Administrative Code: 20-001.08 Coordinated Service; 20.001.04 Community Based Care; 32-001.11 Coordination of Care; 20-001.18 Transition and Discharge Planning; 32-001.10 Transition and Discharge Planning; 20-001.13 Psychiatric Therapeutic Staff |

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| | | Standards; 32-001.05-06 Initial Diagnostic Interview; Magellan Provider Handbook Supplement pg 3-6 to 3-7, NE Provider Handbook Appendix C Medical Necessity Guidelines pg 93-95 |
| I - Medication Management | | |
| I1) Medication flow sheet completed or progress note includes documentation of current psychotropic medication, dosages, date(s) of dosage changes | * No partial scoring | 471 Nebraska Administrative Code : 20-002.07 Documentation in Client's Clinical Records; 32-009.07F Basis For Determinations #1-10 |
| I2) Documentation of member education regarding reason for the medication, benefits, risks, and side effects (includes effect of medication in women of childbearing age and to notify provider if becomes pregnant, if appropriate) | * No partial scoring | Magellan Provider Handbook Supplement pg 3-1, 4-1 |
| I3) Documentation of member verbalization of understanding of medication education | * No partial scoring | Magellan Provider Handbook Supplement pg 3-1, 4-1 |
| J - Addendum - Adverse Incidents | | |
| J1) If record indicates that an adverse incident occurred during treatment period, did Magellan receive an Incident Reporting form based on the established protocol (within 24 hours of the incident)? | | Magellan National Provider Handbook, page 50 |