

BEHAVIORAL HEALTH COUNSELING: PROFESSIONAL, GROUP COORDINATED H0004 HO HQ

Provider:	Member	
	ID:	
Review	Reviewer	
Date:	Name:	

1.	Is there a behavioral health condition that establishes medical	1	0		
	necessity for this service? (Note: If Question #1 scores zero,				
	the remaining questions score zero.)				
2.	Is there a current Service Plan for Group Therapy that	1	0		
	demonstrates participation by Physician/Psychologist/Approved				
	Licensed Professional* and member including all required				
	signatures, credentials, each with dates, start and stop times?				
	(Note: If Question #2 scores zero, all remaining questions				
	will score zero.)				
3.	Does the plan demonstrate participation by all required team	3	0		
	members, including members from other agencies involved in				
	the behavioral health care of the member (dates, start and stop				
	times), including all required signatures and credentials?				
*4.	Do the goals and objectives for group therapy address the	3	2	1	0
	process for change in thoughts, feelings, and/or behaviors that				
	are contributing to the identified problems based on assessed				
	need, therefore demonstrating service definition? [If this				
	question scores zero, question 2 and all remaining				
	questions score zero].				
*5.	Does the Service Plan contain measurable component	3	2	1	0
	objectives the member would take toward achieving service				
	plan goals? [Must meet service definition].				
6.	Are goals and objectives commensurate with time spent in	3	0		
	services?				
7.	Is the frequency and intensity at which the service is prescribed	3	0		
	consistent with the member's assessed need?				
*8.	Are there projected achievement dates for the objectives on the	3	2	1	0
	Service Plan that are realistic and stepped?				

9.	 Is there a Service Plan review that includes: A review of the amount of group therapy provided and the objectives that were addressed Progress towards achievement of objectives Problems which impede treatment/progress (whether member or center based) Whether timelines designed for its completion were met A decision either to continue or modify the group therapy objectives 	3	2	1	0
10.	Is the Service Plan reviewed when a critical juncture occurs in the member's clinical status?	3	0		
11.	Does the Service Plan include individualized and measureable discharge criteria for group therapy?	3	1.5	0	
*12.	Do the service notes include: Signature with appropriate Practitioner Credentials Service start and stop times Location of service Date Service code and/or descriptor? (Note: If there is no signature with appropriate credentials, questions #12 through #16 all score 0 for those notes.)	3	2	1	0
*13.	Are group therapy interventions grounded in a specific and identifiable theoretical base within the service note and related to the member's identified behavioral health condition? (Note: If Question #13 scores 0, then Questions 12, 14, 15, 16, and 17 score 0.)	3	2	1	0
*14.	Does the content of the Group Therapy service notes identify a topic and does that content and topic relate back to the therapy objectives and assessed need?	3	2	1	0
*15.	Does the documentation demonstrate the member's individualized response to the specific psychotherapeutic interventions utilized within the session?	3	2	1	0
*16.	Is pertinent interval history documented including changes in symptoms and functioning and addressing appropriate high-risk factors?	3	2	1	0
*17.	Are the services consistent with best practice and provided at a frequency commensurate with assessed need?	3	2	1	0
18.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score =	[Possible 50]
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^{*} Refer to Provider Manual for licensing requirements

^{*} The scoring for these questions are as follows:

^{3 – 100%} of the documentation meets this standard

- 2 99% to 75% of the documentation meets this standard
- 1 74% to 50% of the documentation meets this standard
- 0 Under 50% of the documentation meets this standard