Kepro™

COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT
(CRISIS STABILIZATION)
H0036

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Does the physician's evaluation demonstrate that the member met medical necessity criteria and service definition (the member is experiencing a crisis that requires a 24-hour structured environment that cannot be managed at a lower level of care)? **(Note: If Question #1 scores 0, then all remaining questions score 0.)**	1	0		
2.	Is there a physician's order for admission to Crisis Stabilization? **(Note: If Question #2 scores 0, then all remaining questions score 0.)**	1	0		
3.	Does the comprehensive psychiatric evaluation report (completed within 24 hours of admission) meet the documentation requirements for the service? [Must be signed and dated, with appropriate credentials]	3	2	1	0
4.	Was an initial Service Plan for Crisis Stabilization created within 24 hours by a Physician/Psychologist/Approved Licensed Professional* and member including all required signatures, credentials, each with dates, start and stop times? Is there a current plan in the clinical record. **(Note: If Question #4 scores zero, all remaining questions will score zero.)**	1	0		
5.	Does the plan demonstrate participation by all required team members, including members from other agencies involved in behavioral health care of the member (dates, start and stop times) including all required signatures and credentials?	3	0		
*6.	Do the current Crisis Stabilization plan objectives address the identified factors which precipitated the member's crisis? **(If Question #6 scores 0, questions 7 and 8 also score 0).**	3	2	1	0
*7.	Do the service plan objectives reflect measurable steps that the member will take to resolve the crisis?	3	2	1	0
8.	Does the Service Plan contain objectives that are commensurate with time spent in CSU?	3	0		

*9.	Is there documentation to substantiate that daily/appropriate (meets service definition and clearly addresses the specifics of the admission criteria throughout the member's stay) treatment services are being provided?	3	2	1	0
10.	Is the member receiving treatment services in frequency and intensity, which is consistent with their service plan?	3	1.5	0	
11.	Do services include the following: • Daily psychiatric review and examination as determined by member need (for each day the program operates)? **AND** • Ongoing psychotropic medication evaluation and administration? **AND THE FOLLOWING IF NEEDED:** • Psychological/functional evaluations specific to the disability population where appropriate?	3	1.5	0	
12.	Does the service include the following to address recidivism: • An interdisciplinary team evaluation and service planning session before discharge from the Crisis Stabilization service? o Should be addressing recurrent admissions • Discharge service planning which must include an assessment of the conditions that caused the need for Crisis Stabilization as well as appropriate follow-up services? • Are appropriate referral and follow-up services being recommended to prevent crisis recurrence (i.e. for recurrent admissions is a higher level of care being recommended such as ACT, etc.)	3	1.5	0	
13.	Do shift or service notes indicate routine observation/monitoring by staff, limited to 10 minutes for each hour that is ordered by the psychologist/physician **OR** is Intensive one-to-one supervision documented when ordered by a psychiatrist or licensed psychologist?	3	1.5	0	
*14.	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 #14 through #17 all score 0 for those notes)**	3	2	1	0
*15.	Does all of the service note(s), document the intervention (specific to service definition) utilized by the clinician related to	3	2	1	0

	the precipitating crisis? **(Note: If Question #15 scores 0, then questions 14, 16, and 17 score 0.)**				
*16.	Do all of the service note(s), document the member's individualized response to the intervention?	3	2	1	0
*17.	Do all of the service notes relate back to the service plan?	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 48]

* 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