

PEER RECOVERY SUPPORT SERVICES H0038

	1	1			
1.	Does the documentation demonstrate that the	1	0		
	member met medical necessity criteria for PRSS for				
	the authorization period under review? (Note: If				
	Question #1 is scored 0, then all remaining				
	questions will be scored 0.)				
2.	Is there a current Service Plan for PRSS that	1	0		
	demonstrates participation by				
	Physician/Psychologist/Approved Licensed				
	Professional* and member including all required				
	signatures and credentials? Focused Care Services will				
	default for this question. (Note: If Question #2				
	scores zero, all remaining questions will score				
	zero.)				
3.	Does the plan demonstrate participation by all	3	0		
	required team members, including members from				
	other agencies involved in behavioral health care of				
	the member (start and stop times) including all				
	required signatures and credentials?				
4.	Do the PRSS notes contain the following:	3	2	1	0
	Start/Stop times				
	Date of the service				
	Location of the service				
	• Facility				
	• Practitioner's signature w/ appropriate				
	credentials				
	Service code and/or descriptor?				
	(Note: if there is no signature with appropriate				
	credentials, questions #4 through #10 all score 0				
	for those notes.)			4	
*5.	Do the content of the PRSS notes identify that a valid	3	2	1	0
	PRSS activity was completed? Does the activity meet				
	service definition? (Note: If question #5 scores 0,				
die.	questions 4 and 6 through 10 also score 0.)				
*6.	Is the correct PRSS component activity (i.e., self-help,	3	2	1	0
	system advocacy, etc.) identified within the				
	documentation?				
* 7.	Do the PRSS notes correctly identify the type of service	3	2	1	0



	(i.e. emotional, informational, instrumental, etc.) provided?				
*8.	Do the PRSS notes identify the purpose (why the activity needed to be completed) of the activity?	3	2	1	0
*9.	Do the PRSS notes contain the member's response to the activity?	3	2	1	0
*10.	Do the PRSS notes contain the member's current symptoms and functioning as it pertains to assessed need?	3	2	1	0
11.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score	[Possible 29]
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- 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

^{**} Refer to Provider Manual for licensing requirements

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