

**PEER RECOVERY SUPPORT SERVICES  
H0038**

<b>Provider:</b>		<b>Member ID:</b>	
<b>Review Date:</b>		<b>Reviewer Name:</b>	

1.	Does the documentation demonstrate that the member met medical necessity criteria for PRSS for the authorization period under review? <b>(Note: If Question #1 is scored 0, then all remaining questions will be scored 0.)</b>	1	0		
2.	Is there a current Service Plan (Coordinated Care) for PRSS that demonstrates participation by Physician/Psychologist/Approved Licensed Professional* and member including all required signatures and credentials with date and start/stop times? OR Is there a Recovery Plan (Focused Care) that demonstrates participation by the member, PRSS and Master's level PRSS Supervisor including all required signatures and credentials? <b>(Note: If Question #2 scores zero, all remaining questions will score zero.)</b>	3	1.5	0	
3.	Does the plan demonstrate participation by all 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?	3	1.5	0	
4.	Do the PRSS notes contain the following: <ul style="list-style-type: none"> <li>• Start/Stop times</li> <li>• Date of the service</li> <li>• Location of the service</li> <li>• Facility</li> <li>• Practitioner's signature w/appropriate credentials</li> <li>• Service code and/or descriptor?</li> </ul> <b>(Note: If there is no signature by an approved clinician Questions 4-10 will score zero for those notes.)</b>	3	2	1	0
*5.	Does the content of the PRSS notes identify that a valid PRSS activity was completed? Does the activity meet service definition? <b>(Note: If question #5 scores 0, questions 6 through 10 also score 0.)</b>	3	2	1	0
*6.	Is the correct PRSS component activity (i.e., self-help, system advocacy, etc.) identified within the documentation?	3	2	1	0
*7.	Do the PRSS notes correctly identify the type of service (i.e., emotional, informational, instrumental, etc.) provided?	3	2	1	0

*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 31]**

\* 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