

**SUD WAIVER RESIDENTIAL ADULT SERVICES 3.7, 3.5, 3.3, 3.1
(H2036 U7HF, H2036 U5HF, H2036 U3HF, H2036 U1HF)**

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Does the documentation demonstrate that the member met medical necessity criteria for this level of care? (Note: If Question #1 scores zero, the remaining questions score zero.)	1	0		
2.	Is there a Physician's Order for this level of care? (Note: If Question #2 scores zero, the remaining questions score zero?)	1	0		
3.	Is there documentation of a physical examination conducted within the appropriate timeframe?	1	0		
4.	Is there an assessment that meets H0031/90791/90792 criteria? (Note: Must have signature(s) by approved clinician(s))	3	2	1	0
5.	Does the assessment clearly address the behavioral health condition including: <ul style="list-style-type: none"> • current symptoms, • intensity and duration of the current symptoms, • high risk factors, • and a rationale for the diagnosis? (Note: Must have signature(s) by approved clinician(s)).	3	2	1	0
6.	Is there a current Service Plan for Residential Treatment that 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 #6 scores zero, all remaining questions will score zero.)	3	1.5	0	
7.	Does the current Service Plan demonstrate participation by all required team 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?	3	1.5	0	
8.	Does the Service Plan demonstrate that services will be provided according to the ASAM criteria and service definition? (If this question scores zero, question #6 and all remaining questions score zero).	3	1.5	0	
9.	Does the Service Plan include individualized and measurable discharge criteria for behavioral health services?	3	1.5	0	
*10.	Does the Service Plan address all the dynamics of the member's identified problems/deficits as per the program expectations?	3	2	1	0
*11.	Do the Service Plan objectives reflect measurable steps (component objectives meeting service definition) the member will take toward achieving Service Plan goals based upon assessed need? (Note: If this question scores zero, question 6 and all remaining questions score zero).	3	2	1	0
*12.	Are there projected achievement dates for the objectives on the Service Plan and are timelines realistic?	3	2	1	0
13.	Is the frequency at which the services are prescribed on the Plan consistent with the member's assessed need?	3	1.5	0	
*14.	Are the quantity of goals and objectives on the Service Plan commensurate with time spent on services and the member's assessed need? (Note: Goals must be based on medical necessity.)	3	2	1	0
15.	Are after-care plans documented and updated accordingly?	3	1.5	0	

16.	Is there a Service Plan review that includes: <ul style="list-style-type: none"> • A summary of treatment provided • Progress toward 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 plan? 	3	2	1	0
*17.	Is the Service Plan modified when significant changes in the member's clinical status are documented?	3	2	1	0
*18.	Do the service notes include: <ul style="list-style-type: none"> • Appropriate Practitioner credentials • Signature • Service start and stop times • Location of service • Service code and/or descriptor • Date? (Note: If there is no signature by approved clinician, questions #18 through #25 score zero for those notes).	3	2	1	0
*19.	Do the service notes clearly identify the interventions utilized by the clinician and related to the member's identified behavioral health condition? (Note: If Question #19 scores 0, then Questions 20-25 score 0.)	3	2	1	0
*20.	Is the member's individualized response to treatment clearly documented?	3	2	1	0
*21.	Do service notes document symptoms and/or functioning?	3	2	1	0
*22.	Do the service notes relate back to the Service Plan objectives?	3	2	1	0
*23.	Is there documentation that indicates there is treatment (which meets service definition) provided according to ASAM level of care?	3	2	1	0
*24.	Is the member receiving all the services from the bundle that are required based upon the assessed needs?	3	2	1	0
*25.	Are services being provided at the frequency identified on the Service Plan as evidenced by Daily Summary documentation?	3	2	1	0
26.	Is there documentation that demonstrates that all the program requirements and expectations were explained to the member prior to starting the program?	3	2	1	0
27.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score = _____ [Possible 75]

* Refer to Provider Manual for licensing requirements

* The scoring for these questions is 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