

**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 for PRSS that demonstrates participation by Physician/Psychologist/Approved Licensed Professional** and member including all required signatures, credentials, each with dates, start and stop times? <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 the behavioral health care of the member (dates, start and stop times), including all required signatures and credentials?	3	1.5	0	
*4.	Do the goals and objectives for PRSS reflect assessed need and demonstrate service definition? <b>(If this question scores zero, question 2 and all remaining questions score zero).</b>	3	2	1	0
*5.	Does the Service Plan contain measurable component objectives (steps) the member would take toward achieving service plan goals consistent with assessed need?	3	2	1	0
6.	Are goals and objectives commensurate with assessed need and time spent in services?	3	1.5	0	
7.	Are the frequency and intensity at which the service is prescribed consistent with the member's assessed need?	3	0		
8.	Are there projected achievement dates for the objectives on the Service Plan that are realistic and stepped?	3	1.5	0	
9.	Is there a Service Plan review that includes: <ul style="list-style-type: none"> <li>• A review of the amount of PRSS services provided and the objectives that were addressed</li> <li>• Progress towards achievement of objectives</li> <li>• Problems which impede treatment/progress (whether member or center based)</li> <li>• Whether timelines designed for its completion were met</li> <li>• A decision either to continue or modify the PRSS objectives</li> </ul>	3	2	1	0
10.	Is the Service Plan reviewed when a critical juncture and/or change in clinical status occurs?	3	0		
11.	Does the Service Plan include individualized and measurable discharge criteria for PRSS?	3	1.5	0	
12.	Is there a Recovery Plan that demonstrates participation by the member and PRSS including all required signatures, credentials,	3	1.5	0	

	each with dates, start and stop times? <b>(Note: If Question #12 scores zero, all remaining questions will score zero).</b>				
*13.	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 13-19 will score zero for those notes.)</b>	3	2	1	0
*14.	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 #14 scores 0, questions #15 through #18 also score 0.)</b>	3	2	1	0
*15.	Is there a description of the specific activity or activities that demonstrates a PRSS category?	3	2	1	0
*16.	Do the PRSS notes demonstrate how the community PRSS service supports the goal(s)/objective(s) on the member’s Service Plan?	3	2	1	0
17.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

**Total Score \_\_\_\_\_ [Possible 49]**

\*\* 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