

**SKILLS TRAINING AND DEVELOPMENT
(BASIC LIVING SKILLS)
H2014 HN U4, H2014 HN U1, H2014 U4, H2014 U1**

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Does the documentation demonstrate that the member met medical necessity criteria for the authorization period under review? (Note: If Question #1 scores 0, all remaining questions score 0.)	1	0		
2.	Are the services consistent with the service definitions and/or best practice? (Meets the definition of Rehabilitation) (If Question #2 scores 0, all remaining questions score of 0.)	1	0		
3.	Is there a current Service Plan for Skills Training and Development 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 #3 scores zero, all remaining questions will score zero.)	3	1.5	0	
4.	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	1.5	0	
5.	Are objectives focused on the assessed areas of skill deficit? (The skill deficit used to establish medical necessity.) (If this question scores zero, question 2 and all remaining questions score zero).	3	1.5	0	
6.	Does the service plan indicate the specific service to be utilized (i.e., 1:1 Paraprofessional; 1:2-4 Paraprofessional; 1:1 Professional; 1:2-4 Professional)?	3	1.5	0	
7.	Do the objectives on the plan specifically identify criteria (specific steps) the member must achieve to master the skill? (Note: the skills must be substantiated in the documentation and meet the rehabilitation definition).	3	1.5	0	
8.	Are objectives discontinued if mastered within the timeframes indicated?	3	1.5	0	
9.	If no progress is made toward mastering skills at the 90-day re-evaluation juncture are changes made or objectives discontinued? (Note: Changes must be more substantive than simply changing dates or compliance targets).	3	1.5	0	
*10.	Does service activity documentation include: <ul style="list-style-type: none"> • Practitioner Signature with appropriate Credentials • Start and stop times • Date • Location of service 	3	2	1	0

	<ul style="list-style-type: none"> • Service code and/or descriptor • Staff to member ratio? <p>(Note: If there is no signature by an approved clinician, questions #10 through #13 score zero for those notes.)</p>				
*11.	Are the activities that meet criteria, age and functionally appropriate per the definition?	3	2	1	0
*12.	Do service notes document reasonable movement toward acquisition of the identified skill relative to the plan?	3	2	1	0
*13.	Do service notes address the member's level of functioning?	3	2	1	0
14.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score = _____ [Possible 38]

** 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