



BEHAVIORAL HEALTH COUNSELING: PROFESSIONAL COORDINATED H0004 HO
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Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Is there a behavioral health condition that establishes medical necessity for this service? (Note: If Question #1 scores zero, the remaining questions score zero.)	1	0		
2.	Is there a current Service Plan for Individual Therapy that demonstrates participation by Physician/Psychologist (start and stop times) and member including all required signatures and credentials? (Note: If Question #2 scores zero, all remaining questions will score zero.)	1	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 (start and stop times), including all required signatures and credentials?	3	0		
*4.	Do the goals and objectives for individual therapy address the process for change in thoughts, feelings, and/or behaviors that are contributing to the identified problems based on assessed need and does it demonstrate service definition?	3	2	1	0
*5.	Does the Service Plan contain measurable component objectives the member would take toward achieving service plan goals?	3	2	1	0
6.	Are goals and objectives commensurate with time spent in services?	3	0		
7.	Is 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	2	1	0
9.	Is there a Service Plan review that includes: <ul style="list-style-type: none"> • A review of the amount of individual therapy provided and the objectives that were addressed • Progress towards 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 individual therapy objectives 	3	2	1	0
10.	Is the Service Plan reviewed when a critical juncture occurs in the member's clinical status?	3	0		
11.	Does the Service Plan include individualized and measureable discharge criteria for therapy?	3	1.5	0	

*12.	Do the service notes include: <ul style="list-style-type: none"> • Signature with appropriate Practitioner Credentials • Service start and stop times • Location of service • Date (Note: If there is no signature with appropriate credentials, questions #12 through #16 all score 0 for those notes.)	3	2	1	0
*13.	Are interventions grounded in a specific and identifiable theoretical base (demonstrating service definition) and do they address assessed need? (Note: If Question #13 scores 0, then Questions 12, 14, 15, 16, and 17 score 0.)	3	2	1	0
*14.	Does the content of the Individual Therapy service notes relate back to the individual therapy objectives and assessed need?	3	2	1	0
*15.	Does the documentation demonstrate the member's response to the specific psychotherapeutic interventions utilized within the session?	3	2	1	0
*16.	Does the documentation demonstrate the member's progress toward service plan goals and objectives?	3	2	1	0
*17.	Are the services consistent with best practice and provided at a frequency commensurate with assessed need?	3	2	1	0
18.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score = _____ [Possible 50]

* 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