



INTENSIVE SERVICES			
H0004 IS, H0004 HO IS, H0004 HQ IS, H0004 HO HQ IS			

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Does the documentation demonstrate that the member met medical necessity criteria including level of care (program description), for the authorization period under review? (NOTE: If question #1 scores 0, then all remaining questions score 0.)	1	0		
2.	Is there a current Service Plan for IS that demonstrates participation by Physician/Psychologist (start and stop times) and Member including all required signatures and credentials? (Note: If question #2 scores 0, then all remaining questions score 0.)	1	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	0		
4.	Does the Service Plan demonstrate that services will be provided according to the program description?	3	1.5	0	
*5.	Does the Service Plan address all the dynamics of the identified problems/deficits as per the program description?	3	2	1	0
*6.	Do the service plan objectives reflect measurable steps the member would take toward achieving service plan goals?	3	2	1	0
7.	Are goals and objectives commensurate with time spent in services?	3	0		
8.	Is the member's clinical presentation/status reviewed in accordance with continuing stay criteria and length of program as per the program description?	3	1.5	0	
9.	Does the service plan include individualized and measurable components of discharge criteria as per the program description?	3	1.5	0	
*10.	Does the documentation demonstrate interventions (demonstrating service definition, addressing assessed need, and including signature and appropriate credentials)? (Note: If question #10 scores zero, questions 11, 12, and 13 score 0.)	3	2	1	0
*11.	Do the service notes relate back to the appropriate objectives and assessed need?	3	2	1	0
*12.	Does the documentation demonstrate the member's response to the psychotherapeutic/supportive counseling interventions?	3	2	1	0
*13.	Does the documentation demonstrate the member's progress toward service plan goals and objectives?	3	2	1	0

14.	Is there documentation that demonstrates that all of the program requirements and expectations were explained to the member prior to starting the IS program?	3	0		
15.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay at this level of care?	3	0		

Total Score = _____ [Possible 41]

* 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