



**Short-Term Residential (Children’s Emergency Shelter)
H0019 U4**

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 an assessment at admission that meets H0031 or 90791 criteria? (Note: Must have signature(s) with appropriate credentials.)	3	2	1	0
3.	Does the assessment clearly address the behavioral health condition including: <ul style="list-style-type: none"> • current symptoms, • intensity and duration of current symptoms, • high risk factors, • and a rationale for the diagnosis? (Note: Must have signature(s) with appropriate credentials.)	3	2	1	0
4.	Is there a current Service Plan for Crisis Support that demonstrates participation by the Physician/Psychologist (including start and stop times) and Member including all required signatures and credentials? (Note: If Question #4 scores zero, all remaining questions will score zero).	1	0		
5.	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 (start and stop times) including all required signatures and credentials?	3	0		
6.	Does the Service Plan include individualized and measureable discharge criteria for behavioral health services?	3	1.5	0	
*7.	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?	3	2	1	0
*8.	Are there projected achievement dates for the objectives on the Service Plan and are timelines realistic?	3	2	1	0
9.	Is the frequency at which the services are prescribed on the Service Plan consistent with the member’s assessed need?	3	1.5	0	
*10.	Are the quantity of goals and objectives on the Service Plan commensurate with time spent in services and the member’s assessed need? (Note: Goals must be based on medical necessity).	3	2	1	0

11.	Is the on-going pursuit of alternative placement/services documented?	3	1.5	0	
*12.	Do the service notes include: <ul style="list-style-type: none"> • Appropriate Practitioner credentials • Signature • Service start and stop times • Location of service • Date? (Note: If there is no signature with appropriate credentials, questions #12 through #17 all score 0 for those notes.)	3	2	1	0
*13.	Do the service notes clearly identify the interventions utilized by the clinician? (Note: If Question #13 scores 0, then Questions 12, 14, 15, 16, and 17 score 0.)	3	2	1	0
*14.	Is the member's response to treatment clearly documented?	3	2	1	0
*15.	Do service notes document symptoms and/or functioning?	3	2	1	0
*16.	Do the service notes relate back to the Service Plan objectives?	3	2	1	0
*17.	Is there documentation that indicates there is treatment (which meets service definition) provided on a daily basis?	3	2	1	0
*18.	Is the member receiving all the services from the bundle that are required based upon the assessed needs?	3	2	1	0
*19.	Are services being provided at the frequency identified on the Service Plan?	3	2	1	0
*20.	Are behavioral observations related to the behavioral health symptoms documented daily?	3	2	1	0
21.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score = _____ [Possible 59]

- * 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