



<b>BEHAVIORAL HEALTH COUNSELING, SUPPORTIVE H0004</b>
---

<b>Provider:</b>		<b>Member ID:</b>	
<b>Review Date:</b>		<b>Reviewer Name:</b>	

1.	Is there a behavioral health condition that establishes medical necessity for this service? <b>(Note: If Question #1 scores zero, the remaining questions score zero.)</b>	1	0		
2.	Is there a current Service Plan for Individual Supportive Counseling 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>	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 (dates, start and stop times) including all required signatures and credentials?	3	0		
*4.	Do the goals/objectives address day-to-day management and problem solving based on the assessed need indicated by the supported service, therefore demonstrating 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 the member would take toward achieving service plan goals consistent with member's assessed need indicated by the supported service? <b>[Must meet service definition].</b>	3	2	1	0
6.	Are goals and objectives commensurate with time spent in services and consistent with member's assessed need indicated by the supported service?	3	0		
7.	Is the frequency and intensity at which the service is prescribed consistent with the member's assessed need indicated by the supported service?	3	0		
*8.	Are projected achievement dates for the objectives on the Service Plan realistic and consistent with the member's assessed need indicated by the supported service?	3	2	1	0

9.	Is there a Service Plan review that includes: <ul style="list-style-type: none"> <li>• A review of the amount of Individual Supportive Counseling treatment provided and the objectives that were addressed</li> <li>• Progress toward achievement of Individual Supportive Counseling objectives</li> <li>• Problems which impede Individual Supportive Counseling 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 Individual Supportive Counseling objectives on the plan?</li> </ul>	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 measurable discharge criteria for supportive counseling?	3	1.5	0	
*12.	Do the Individual Supportive Counseling notes include: <ul style="list-style-type: none"> <li>• Signature with appropriate Practitioner Credentials</li> <li>• Service start and stop times</li> <li>• Location of service</li> <li>• Date</li> <li>• Service code and/or descriptor?</li> </ul> <b>(Note: if there is no signature with appropriate credentials, questions #12 through #16 all score 0 for those notes.)</b>	3	2	1	0
*13.	Are the specific interventions utilized during the encounter (e.g., practicing coping skills, discussion of pros and cons, etc.) demonstrated (demonstrating service definition) and do they address assessed need indicated by the supported service? <b>(Note: If Question #13 scores 0, then Questions 12, 14, 15, 16, and 17 score 0.)</b>	3	2	1	0
*14.	Do the Individual Supportive Counseling service notes relate to the Individual Supportive Counseling objectives?	3	2	1	0
*15.	Do the Individual Supportive Counseling notes address the member's individualized response to the specific Individual Supportive Counseling interventions utilized?	3	2	1	0
*16.	Is pertinent interval history documented including changes in symptoms and functioning and addressing appropriate high-risk factors?	3	2	1	0
*17.	Are the services consistent with best practice and provided at a frequency commensurate with assessed need indicated by the supported service?	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]

\* 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