



DAY TREATMENT H2012 & H2012-MR

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 the question #1 scores 0, all remaining questions score 0.)	1	0		
2.	Is there a current Service Plan for Day Treatment 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 #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 behavioral health care of the member (dates, start and stop times) including all required signatures and credentials?	3	0		
*4.	Are service plan goals and objectives commensurate with time spent in the program and based on assessed need demonstrating service definition? [If this question scores zero, question 2 and all remaining questions score zero].	3	2	1	0
*5.	Are there realistic projected achievement dates for the objectives on the service plan?	3	2	1	0
6.	Is there a service plan review that includes: <ul style="list-style-type: none"> • whether timelines for completion were met • a decision to either continue or modify the plan • a summary of treatment or training provided • progress toward achievement of objectives • any problems which impede treatment/progress (whether member or 	3	2	1	0



	center-based)?				
7.	Is the service plan modified when significant changes in the member's clinical status are documented?	3	0		
*8.	Are program activities individualized to the member's age, interests and aptitude?	3	2	1	0
*9.	Is there a daily note that includes: <ul style="list-style-type: none"> • Signature with appropriate Practitioner Credentials • Service start and stop times • Location of service • Date • Service code and/or descriptor? (Note: if there is no signature with appropriate credentials, questions #9 through #13 all score 0 for those notes)	3	2	1	0
*10.	Is there a daily note that includes: a specific description of the activity and the relationship of the specific activity to the member's service plan objectives and assessed needs (Individual member's skill deficits and functional impairments used to establish medical necessity)? (Note: If Question #10 scores 0, then questions 9, 11, 12, 13, and 14 score 0.)	3	2	1	0
*11.	Do daily notes document the member's symptoms and level of functioning during group activities?	3	2	1	0
*12.	Is the member's individualized response during group activities documented with details?	3	2	1	0
*13.	Is the member's level of participation during group activities documented with details?	3	2	1	0
*14.	Is the service consistent with the service definition and best practice guidelines?	3	2	1	0
15.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score = _____ [Possible 41]

* 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