

UnitedHealthcare Community Plan (UHCCP)

Home and Community Based Services Record Review Tool

Provider Name: \_\_\_\_\_

Chart ID: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Member Gender: \_\_\_\_\_

Member Age: \_\_\_\_\_

Primary Behavioral Health Diagnosis: \_\_\_\_\_

Primary Medical Diagnosis (if applicable): \_\_\_\_\_

Date of Review: \_\_\_\_\_

Rating Scale: NA = Not Applicable Y = Yes N = No

Y N NA

General Documentation Standards

1	Each member has a separate record.			
Comments:				
2	Each record includes the member's address, employer or school, home and work telephone numbers including emergency contacts, relationship or legal status, and guardianship information if relevant.			
Comments:				
3	All entries in the record include the responsible service provider's name, professional degree (or qualification) and relevant identification number, if applicable, and dated and signed where appropriate.			
Comments:				
4	The record is clearly legible to someone other than the writer.			
Comments:				
5	The setting of the service is clearly documented.			
Comments:				
6	The record documents that the member and, member's family, when applicable, are educated regarding strategies for behavior management.			
Comments:				
7	The documentation indicates that behavior management techniques are practiced during sessions.			
Comments:				

<i>Rating Scale: NA = Not Applicable Y = Yes N = No</i>		Y	N	NA
8	There is evidence (for example, documentation) that the provider has a process in place to keep track of the total service hours provided to the member for each type of service.			
Comments:				
Initiating Services				
9	The service provider has the name and contact information for the member's psychiatrist, therapists, treatment counselor, and/or case worker in the record.			
Comments:				
10	The reasons for starting services is indicated.			
Comments:				
11	The goals the member has for working with the service provider are stated in the record.			
Comments:				
12	The member's perception about their current family and/or social supports is documented in the record.			
Comments:				
13	A complete case formulation is documented in the record (e.g., primary diagnosis, medical conditions, psychosocial and environmental factors and functional impairments).			
Comments:				
Plan of Care				
14	The record includes the recipient's most current plan of care.			
Comments:				
Progress Notes				
15	All progress notes include the date of service.			
Comments:				
16	All progress notes include the time of service provided.			
Comments:				

<i>Rating Scale: NA = Not Applicable Y = Yes N = No</i>		Y	N	NA
17	All progress notes document the length of service rendered.			
Comments:				
18	All progress notes include who is present for services.			
Comments:				
19	All progress notes include who rendered services, their job title, and any relevant licensure/certifications.			
Comments:				
20	The progress notes document when members miss appointments.			
Comments:				
21	The progress notes document the dates of follow up appointments.			
Comments:				
22	The progress notes document any referrals made to other clinicians, agencies, and/or therapeutic services when indicated.			
Comments:				
23	When appropriate there is evidence of supervisory oversight of the treatment record. (Records are reviewed on a regular basis with appropriate actions taken).			
Comments:				
24	<b>For outpatient services only:</b> All progress notes include documentation of the billing code that was submitted for the session.			
Comments:				
Coordination of Care				
25	The record documents the names of all treating providers.			
Comments:				
26	There is evidence the service provider obtains a release of information in order to contact other programs/providers as needed.			

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Comments:				
27	There is documentation in the record that communication with other programs/providers occurred as needed.			
Comments:				
28	If the member refused to sign a release of information, this is clearly documented in the record.			
Comments:				
Transition/Discharge				
29	If the recipient transferred/discharged from the service, there was evidence the transition was coordinated with other appropriate agencies and/or supports.			
Comments:				
30	The discharge plan summarizes the reason(s) for treatment and the extent to which treatment goals were met.			
Comments:				
31	Treatment records are completed within 30 days following discharge.			
Comments:				
Psychosocial Rehabilitation (PSR)				
32	The progress notes include documentation that all PSR Services are provided to the individual face to face.			
Comments:				
33	The progress notes indicate that all services are rendered in the location best suited for desired outcomes - including home or other community based settings in compliance with Medicaid regulations.			
Comments:				
34	There is documentation in the record indicating that the workers who provide PSR services routinely report to a supervising licensed practitioner on participants' progress toward the recovery and reacquisition of skills.			
Comments:				
35	There is evidence of ongoing assessment of the individual's progress toward recovery and functional skill and impairment levels. These assessments are used to select PSR interventions and evaluate goal achievement.			

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<b>Comments:</b>				
Community Psychiatric Support and Treatment (CPST)				
36	The progress notes include documentation that all CPST services are provided as face-to-face with the individual, family, or other collateral supports.			
<b>Comments:</b>				
37	There is documentation present that indicates that this service is provided by licensed staff (physician, psychologist, NP, RN, all other professions).			
<b>Comments:</b>				
Habilitation Services				
38	The Habilitation services are on the plan of care.			
<b>Comments:</b>				
39	There is documentation that habilitation services are provided to the individual face to face.			
<b>Comments:</b>				
40	Habilitation services do not exceed 250 hours per calendar year.			
<b>Comments:</b>				
Short-Term Crisis Respite				
41	There is documentation of a risk assessment being completed at the time of admission; the risk assessment indicates that the individual being served was not a risk to themselves or others at the time of admission.			
<b>Comments:</b>				
42	The individual being served does not have any of the following diagnoses: Traumatic Brain Injury (TBI), Organic Brain Disorder, Dementia, an acute medical condition requiring a higher level of care, physical dependence on substances, or aggressive destructive behaviors resulting from substance abuse.			
<b>Comments:</b>				
43	There is documentation of ongoing communication between individuals receiving crisis respite, crisis respite staff, and the individuals' established mental health providers to assure collaboration and continuity in managing the crisis situation and identifying subsequent support and service systems.			
<b>Comments:</b>				

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44	The progress notes indicate that this service is provided in site based residential settings.			
<b>Comments:</b>				
45	Crisis Respite does not exceed 1 week per episode, and a maximum of 21 days per year. There is documentation that any individuals requiring crisis respite for longer periods than those specified are evaluated on an individual basis and approved for greater length of stay based on medical necessity.			
<b>Comments:</b>				
46	At the conclusion of a Crisis Respite period, crisis respite staff, together with the individual and his or her established mental health providers, make a determination as to the continuation of necessary care and make recommendations for modifications to the recipients' plan of care.			
<b>Comments:</b>				
<b>Intensive Crisis Respite</b>				
47	There is documentation that the individual served was assessed as a danger to self or others at the time of admission or that the individual served has a mental health or co-occurring disorder and was experiencing acute escalation of mental health symptoms at the time of admission.			
<b>Comments:</b>				
48	There is documentation that the individual served does not require inpatient admission or that ICR can be used as an alternative to inpatient admission if clinically indicated and if the person can contract for safety			
<b>Comments:</b>				
49	There is documentation of ongoing communication between individuals receiving crisis respite, Intensive Crisis Respite staff, and the individuals' established mental health providers to assure collaboration and continuity in managing the crisis situation and identifying subsequent support and service systems.			
<b>Comments:</b>				
50	There is documentation that at the conclusion of care that Intensive Crisis Respite clinical staff, together with the individual and the individuals' established mental health provider(s) will make recommendations for modifications to the recipients' plan of care.			
<b>Comments:</b>				
51	Intensive Crisis Respite does not exceed 7 days per episode, and has a maximum of 21 days per year. There is documentation that any individuals requiring intensive crisis respite for longer periods than those specified are evaluated on an individual basis and approved for greater length of stay based on medical necessity.			
<b>Comments:</b>				

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Y N NA

Support Services: Family Support and Training Services

52 Services are provided only to those family members who live with or provide care to a person served on the waiver and may include a parent, spouse, children, relatives, foster family, or in-laws.

Comments:

53 Training includes instruction about treatment regimens and use of equipment specified in the plan of care. There is documentation of updates, as necessary, to safely maintain the individual at home and in the community.

Comments:

54 All family support and training must be included in the individual's written plan of care and for the benefit of the Medicaid covered individual.

Comments:

55 The total combined hours for Family Support and Training do not total more than 40 hours in a calendar year.

Comments:

56 All documented activities are allowable per the Home and Community Based Services Provider Manual.

Comments:

Support Services: Non-Medical Transportation

57 Non-medical Transportation services are necessary, as specified by the service plan, to enable participants to gain access to authorized Home and Community Based Services that enable them to integrate more fully into the community and ensure the health, welfare, and safety of the participant.

Comments:

58 There is documentation that an assessment performed in accordance with Department requirements has determined the need for transportation services.

Comments:

59 The type and amount of transportation is included in the approved Plan of Care.

Comments:

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60	Transportation services are delivered in a manner that supports the participant's communication needs.			
Comments:				
61	There is evidence that the Case Manager monitors this service quarterly and provides ongoing assistance to the participant to identify alternative community-based sources of transportation.			
Comments:				
62	There is evidence that all other options for transportation, such as informal supports, community services, and public transportation, have been explored and utilized prior to requesting non-medical transportation.			
Comments:				
63	Services are provided only for non-routine, time limited services.			
Comments:				
<b>Individual Employment Support Services</b>				
64	There is documentation in the record that participants in a competitive employment arrangement receiving Individual Employment Support Services are compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.			
Comments:				
65	For all employment supports services, documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).			
Comments:				
66	The total combined hours for pre-vocational and transitional, supported employment are limited to no more than a total of 250 hours and a duration of 9 months of service in a calendar year.			
Comments:				
67	<b>For pre-vocational services only:</b> There is documentation that services occur over a defined period of time and with specific outcomes to be achieved, as determined by the individual and his/her service and supports planning team through an ongoing person-centered planning process.			
Comments:				
68	<b>For transitional employment services only:</b> There is documentation that the service recipient specifically chooses this service.			
Comments:				



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69	<b>For transitional employment services only:</b> This service is provided by a clubhouse for OMH populations only, OASAS Certified clinics, and in community based programs.			
Comments:				
70	<b>For intensive supported employment services only:</b> There is evidence that the ongoing level of care criteria (including service duration, intensity, and effectiveness) is reviewed by the 1915(i) care manager and/or the MCO at least quarterly.			
Comments:				
Education Support Services				
71	Education Support services are specified in the plan of care and related to the service needs.			
Comments:				
72	Documentation is maintained in the recipient's file that the service is not otherwise available under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).			
Comments:				
73	The hours for education support services are limited to no more than a total of 250 hours per year.			
Comments:				