December-18

# 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 and relevant identification number, if applicable, and dated and signed (including electronic signature for EMR systems) 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:** | | | | |

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

| *Rating Scale: NA = Not Applicable Y = Yes N = No* | | 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** | **For outpatient services only:** 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. | | | |

| *Rating Scale: NA = Not Applicable Y = Yes N = No* | | Y | N | NA |
|---|---|---|---|---|
| **Comments:** | | | | |
| **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. | | | |
| **Comments:** | | | | |
| **37** | There is documentation present that indicates that this service is provided by licensed staff (physician, psychologist, NP, RN, all other professions). | | | |
| **Comments:** | | | | |
| **Habilitation Services** | | | | |
| **38** | The Habilitation services are on the plan of care. | | | |
| **Comments:** | | | | |
| **39** | There is documentation that habilitation services are provided to the individual face to face. | | | |
| **Comments:** | | | | |
| **40** | Habilitation services do not exceed 250 hours per calendar year. | | | |
| **Comments:** | | | | |
| **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. | | | |
| **Comments:** | | | | |
| **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. | | | |
| **Comments:** | | | | |
| **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. | | | |
| **Comments:** | | | | |

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|---|---|---|---|---|
| **44** | The progress notes indicate that this service is provided in site based residential settings. | | | |
| **Comments:** | | | | |