Sacramento County Electronic Utilization Review Tool

EUR SPECIFIED FIELDS

Client Name:	Client ID:	U.R. Date:
Provider and Program:		Reviewer Name:
Review Period:		Provider Start Date:
		Authorization Date:

A	**CSI ADMISSION/ UPDATE CLIENT DATA**						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
A1	Update CSI information	Expectation that all CSI information is completed (race, ethnicity, preferred language, etc.).					

B	**CLIENT RESOURCES/ COORDINATION OF CARE**						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
B1	Family/Support person	Include the name of one family member/support person, and their contact information (telephone number, etc.).					
B2	Professional Contacts	Include the name, address, and phone number of PCP/GMC or alternative healer					
COMMENTS							

C	**MENTAL STATUS EXAM**					**Date completed:**	
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
C1	Initial MSE	Initial MSE finalized within 60 calendar days of provider start date.					
C2	Annual MSE	Updated MSE assessment finalized annually at minimum unless otherwise stipulated by program requirements.					
C3	Comprehensive MSE	Expectation that all fields are completed, leaving no blanks without explanation.					

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COMMENTS	

D	DIAGNOSIS					Diagnosis Date :	
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
D1	Included/Target Dx.	Verify if client has an "included" primary diagnosis.					
D2	ICD 10 and DSM 5	Effective 4-1-17: Verify that client has a DHCS approved ICD 10 and a DSM 5 diagnosis.					
D3	Substance Use Disorder (SUD) Dx.	If a substance use diagnosis exists, it must be secondary to the primary mental health diagnosis.					
D4	ICD 10 and DSM 5 Updates	Effective 4-1-17: Verify that within the last twelve months the ICD 10 and a DSM 5 diagnosis has been completed. ICD 10 and DSM 5 are required at provider start date, annually at minimum, any time there is a change in the diagnosis, and at discharge.					
COMMENTS							

E	CORE ASSESSMENT/ASSESSMENT					Date completed:	
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
E1	Initial Core Assessment	Initial Core Assessment finalized within 60 calendar days of provider start date (not the Access authorization date.)					
E2	Annual Core Assessment	Updated Core Assessment finalized annually at minimum unless otherwise stipulated by program requirements. (Low to Moderate Intensity Providers complete an Annual Assessment documented in the Annual Assessment Progress Note.)					

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E3	Comprehensive Core Assessment	Expectation that all fields are completed, leaving no blank fields without explanation. "N/A" may be appropriate along with an explanation of why the item is not applicable.					
E4	Description of current presenting reasons	Review the symptoms, behaviors, and level of functional impairment documented to support medical necessity.					
E5	Behavioral Health History	Include the onset of symptoms, severity and other significant changes affecting daily activities/functioning in important areas of life (history of presenting reasons).					
E6	Trauma Information	Expect detailed information regarding history or exposure to trauma, including all trauma symptoms or behaviors, particularly if trauma is impacting current functioning.					
E7	Mental Health/ Psych History	Detailed information describing inpatient and outpatient services, time frames, including use of traditional or alternative healing practices, and how it benefited the client's life.					
E8	Co-occurring Issues	Detailed information regarding history and/or current substance use issues. If presently using, if history of use is clinically relevant or use impacts current functioning the Co-occurring Disorders Assessment (CODA) must be completed.					
E9	Risk Assessment	If identified past or present history of risky behaviors, detailed measures that were taken to ensure the client's safety and well- being should be documented. A completed Safety Plan should be documented.					
E10	Psychosocial History	Documentation of sufficient detail for family/ support, functional, housing-living situation, school functioning, etc., to provide a complete history. Documentation of immigration/acculturation/family of origin history as well as cultural/spiritual background information should be included.					
E11	Cultural Competence	Verify that the client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented. (Culture can include religion, ethnic/racial					

		background, sexual orientation, gender identity, language, ability/disability, acculturation, etc.)					
E12	Clinical Formulation	Summarize sufficient detail of client's mental health condition. Details include establishing a hypothesis regarding the clinical link between reasons for services and plan for wellness. Description of how the client meets target population and detail regarding client's functional impairment.					
COMMENTS							

F	**HEALTH QUESTIONNAIRE**					**Date Completed:**	
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
F1	Initial Health Questionnaire	Must be completed within 60 days of the provider start date. Must be completed in full. If there are unknown areas, an explanation should be found in the progress notes.					
F2	Annual Health Questionnaire	The health questionnaire must be updated annually at minimum and completed in full. If there are unknown areas, an explanation should be found in the progress notes.					
F3	Medical conditions/concerns	Look for a follow up progress note documenting a referral to a PCP/GMC if client identifies any medical condition that needs attention.					
F4	Linkage to PCP/GMC/ Alternative Healer	If client is not yet linked to PCP/GMC/Alternative Healer, **confirm efforts made to link the client to a PCP/GMC/Alternative Healer** and, if warranted by medical condition, coordination of care documented in progress notes.					
COMMENTS							

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G	CLIENT PLAN/TREATMENT PLAN		Date Completed:				
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
G1	Initial Client Plan	Initial client plan was finalized, and signed/co-signed within 60 days of provider start date.					
G2	Update / Annual Client Plan	Annual client plan was finalized, and signed/co-signed as required. Client plan should be updated when there are significant changes in the client's mental health condition or may be updated anytime when needed.					
G3	Reasons for Service / Problem	The reasons for service/problem should reference those presenting problems identified in the assessment. The reasons should focus on the client's mental health, including symptoms, behaviors, level of impairment, and psycho social conditions such as living situation, daily activities and social support.					
G4	Goals	Mental health treatment related goals must address the "reasons for service/problem" and functional impairment.					
G5	Strengths & Barriers to Recovery	Plan should include strengths (positive assets) and barriers (difficulties or challenges).					
G6	Objective	Objectives must be specific, observable, and/or specific quantifiable, and refer back to the symptoms, behaviors, mental health needs and functional impairment described in reasons for service/problem.					
G7	Substance Use Objective	If the client plan includes a Substance Use Disorder related treatment objective, the Substance Use objective cannot be primary. (The objective addressing mental health must be primary.)					

G8	Interventions: Detailed Description	Look for detailed description of the responsibilities, actions and activities that staff, client and support person will contribute to achieve the client's objectives. **Detailed description of Case Management Brokerage services must be included as an intervention. If applicable, include plan for coordination with client's resources.**					
G9	Interventions: Address Functional Impairment	Clinical interventions must be appropriate and reasonable to achieve the client's objectives and address the identified functional impairments as a result of the mental disorder or emotional disturbance.					
G10	Interventions: Frequency and Duration	Every intervention must include a frequency and duration.					
G11	Interventions: Sufficient	Every intervention must be sufficient in amount, duration and scope.					
G12	Cultural Competence	If applicable, documentation of cultural/linguistic items should also be present in the client plan.					
G13	Client's Signature	The client's signature is required if in the opinion of the staff the client is mature enough to participate intelligently in the treatment. In circumstances where a signature was required, and the signature is missing, there must be an explanation in the Client Plan sections. If the signature is absent, there must be ongoing explanations in the progress notes.					
G14	Caregiver/ Conservator Signature	If applicable, the caregiver/conservator signature is necessary. If the signature is missing, there must be an explanation in the Client Plan sections. If the signature is absent, there must be ongoing explanations in the progress notes.					
G15	Staff's Signature on Client Plan	Verify that there is a qualified staff's signature on the Client Plan and co-signature if required.					

G16	Offer Copy of Client Plan	It must be documented in the electronic health record that client was offered a copy of the Client Plan and if it was accepted or declined.					
G17	Planned Mental Health Services Claimed	Verify that no "planned" Medi-cal reimbursable services took place before the initial Client Plan was finalized. The only approved service codes prior to the completion of the initial client plan are: Assessment, Plan Development, Crisis Intervention, Case management for referral or linkage to needed services, ICC-CFT, KTA1, Targeted Case Management for discharge planning from psychiatric inpatient hospital, psychiatric health facility or psychiatric nursing facility. Planned Medi-cal reimbursable services are those specialty mental health services described within the Client Plan.					
G18	Client Plan Congruence	Verify that the Client Plan Reasons for Service, Goals, Objectives and Interventions are congruent with the Diagnosis and Symptoms.					
COMMENTS							

H	**CODA (CO-OCCURING DISORDERS ASSESSMENT)**					**Date Completed:**	
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
H1	Completed	Co-occurring Disorders Assessment (CODA) must be finalized if there are indicators of substance use, as found within the co-occurring section in the core assessment.					
COMMENTS							

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I	LOCUS (To determine or maintain level of care, if applicable for Ages 18+)					Date Completed:	
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
I1	Finalized LOCUS	Form must be finalized for authorization of services for all clients admitted at any of the Adult MHSA full service partnership programs.					
I2	Updated LOCUS	Form must be updated every six months for on-going authorization in any Adult MHSA full service partnership program.					
COMMENTS							

J	Child and Adolescent Needs and Strengths CANS (Child/Youth) Pediatric Symptom Checklist PSC-35					CANS Date Completed: PSC-35 Date Completed:	
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
J1	Finalized CANS	CANS Form must be finalized within 60 days of provider start date, every six months and within 30 days of discharge. (Ages 6-21)					
J2	CANS and Client Plan	Review the Client Plan, Clinical Formulation /Summary, and/or Plan Development Notes for any mention of the CANS items influencing the client's objectives for treatment.					
J3	CANS and Progress Notes	Look for CANS information/reports to be used in sessions with client and/or caregiver to discuss changes in behaviors, symptoms, and progress toward objectives. May also include changes to client plans based on CANS information.					
J4	Finalized PSC-35	PSC-35 must be finalized within 60 days of provider start date, every six months and within 30 days of discharge. (Ages 3 through 18)					
J5	PSC-35 and Client Plan	Review the Client Plan, Clinical Formulation /Summary, and/or Plan Development Notes for any mention of the PSC-35 items influencing the client's objectives for treatment.					
J6	PSC-35 and Progress Notes	Look for PSC-35 information/outcomes to be used in sessions with client and/or caregiver					

		to discuss changes in behaviors, symptoms, and progress toward objectives. May also include changes to client plans based on PSC-35 information.					
COMMENTS							

K	INITIAL PSYCHIATRIC ASSESSMENT					Date Completed:	
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
K1	Initial Psychiatric Assessment	Form must be finalized at start of psychiatric services if the client is receiving medication management services with the provider.					
K2	Chief Complaint	Presenting issues, relevant medical conditions, and risk factors must be documented.					
K3	Psych History	Relevant medical conditions and past and current psychiatric history affecting the current mental health condition(s) must be documented.					
COMMENTS							

L	PSYCHIATRIC MENTAL STATUS EXAM					Date Completed:	
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
L1	Psychiatric Mental Status Exam	Form must be finalized at start of psychiatric services and annually if the client is receiving medication management services with the provider. This does not apply to Crisis Residential.					
L2	All Areas Completed	Expectation that all fields are completed, leaving no blanks without explanation except for Crisis Residential.					

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COMMENTS	

M	MEDICATION SERVICE PLAN (MSP)		Date Completed:				
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
M1	Initial MSP	Initial MSP was finalized with all fields completed at start of the prescriber prescribing medication. Crisis Residential: Medication Goal is found in IPA.					
M2	Updated/Annual MSP	If the prescriber continues to provide medication management, the MSP is required to be updated annually at minimum. The MSP should be finalized with all fields completed. Crisis Residential: Medication Goal is found in IPA.					
M3	Client Goals	Required for all clients who are taking medications					
M4	Client's Signature	The client's signature is required if in the opinion of the staff the client is mature enough to participate intelligently in the treatment. In circumstances where a signature was required, and the signature is missing, there must be a documented reason on the MSP. There must be documented ongoing efforts to obtain the signature within the progress notes.					
M5	Caregiver/ Conservator signature	If the client is a minor or a conserved adult, the caregiver or legal representative (e.g. conservator) signature is necessary. If the signature is missing, there must be a documented reason on the MSP. There must be documented ongoing efforts to obtain the signature within the progress notes.					
M6	Staff's Signature on MSP	Verify that the prescriber's signature is on the MSP.					

M7	Planned Medication Support Services Prior to the MSP	Verify that no planned medication support services have taken place prior to the MSP except for: assessment, evaluation, or plan development; or if there is an urgent need, which must be documented.					
COMMENTS							

N	**VITALS**						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
N1	Vitals	Vital signs are recorded in the "Vitals Entry" of the chart if the client is receiving medication management services with the provider.					
COMMENTS							

O	**SCAN DOCUMENT SECTION/COLLATERAL INFORMATION**						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
O1	Consent to Treat	Required at start of service.					
O1a	Informed Consent	Obtain new informed consent any time there is a substantial change in treatment. (This may be found within the consent to treat form.)					
O2	Acknowledgement of Receipt	Required to be fully completed and signed by the client and legal or personal representative, if applicable, at start of services and annually thereafter, with all applicable boxes checked.					
O3	Accounting of Disclosure Form	Required, even if blank, and completed for unauthorized disclosures such as CPS. APS, State Audits, etc.					
O4	ROI's	ROI's must be completed in full with signatures and no blank fields; updated annually.					

O5	Collateral Information	Look for collateral medical records and/or any old record scanned (e.g., hospital D/C records and other provider collateral records).					
O6	Informed Consent for Treatment with Psychotropic Medications	Look for updated medication consent or a JV-217 through JV-224 for each medication prescribed.					
O7	Initial Intensive Care Coordination – Child and Family Team (ICC-CFT)	If applicable, verify that an ICC-CFT occurred within 60 days of eligibility determination.					
O8	ICC-CFT Timeliness	If applicable, verify that an ICC-CFT occurred every 90 days at minimum.					
O9	Sacramento County Bi-Directional Medi-Cal Transition of Care Request Form	For clients who have been discharged and have a discharge reason of referred to one of the GMCs – Aetna, Anthem Blue Cross, Health Net, Molina, or Kaiser: Verify that a Sacramento County Bi-Directional Medi-Cal Transition of Care Request was completed. Fax and scan into EHR. (Avatar Users scan in the “Referrals for Other Services” folder). Check NA for clients who are open or who are discharged and do not have a GMC discharge reason selected.					
COMMENTS							

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P	CLINICAL PROGRESS NOTES						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
P1	Clinical Introductory Note	Written at first visit, or soon after, includes a brief summary of reason for services/ medical necessity, description of symptoms, behaviors, functional impairment, relevant cultural explanations and proposed plan.					
P2	Service Codes Billed	Documentation of service delivered must support service code that was claimed. Include justification for interactive complexity add on code. After July 1, 2015 confirm 93010 assessment in office was only billed 1x per day, per client, per staff.					
P3	Progress Notes Content/Medical Necessity	Progress notes are unique and not "cookie cutter," establishing medical necessity for the service by addressing client's sx/bx/functional impairment.					
P4	Progress Notes Content/Key Topics	Progress notes include a summary of the key topics of the service.					
P5	Progress Notes Content/Intervention	The intervention is both appropriate to address the sx/bx/functional impairment and **does at least one of the following**: diminishes the impairment, prevents a significant deterioration in an important area of life functioning, allows a child to progress developmentally as individually appropriate, or for clients under 21 years old corrects or ameliorates the condition.					
P6	Progress Notes Out of Scope	Verify that the intervention provided was within the scope of practice of the practitioner.					
P7	Progress Notes Content/Plan	Progress notes contain a relevant follow up plan.					
P8	Progress Notes Reflecting Client Plan	Progress notes should be treatment goal oriented and reflect client's strengths and challenges.					

P9	Cultural Competence	Client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented					
P10	Group Services	Group notes must include the group's type, topic, goal, staff's intervention, client's participation and response, as well as a follow-up plan (unique to each individual client's mental health condition). **If two staff facilitated the group, each staff's role must be distinct/unique and justified. Each staff member must complete a separate progress note for the service.**					
P11	Coordination of Care Services	Progress notes must indicate coordination of care (intra and inter agency) as well as evidence of clinical case conferencing within the agency as medically necessary.					
P12	Excessive Billing	Documentation should support the amount of time that is billed.					
P13	Duplicative Services	Duplicative services are not billed					
P14	Non-Billable Services	Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation services, filing, faxing, educational services, transportation, etc.					
P15	Lockout Services	Appropriate documentation for services provided while the client was in a lockout situation, such as jail, juvenile hall, or psychiatric hospitalization					
P16	Progress Notes that Need to be Appended or Disallowed	Please list the progress notes that need to be appended (within 45 days from the date of service) or disallowed on the supplemental worksheet, including the date and billing code of the progress note and the reason for the disallowance. Please indicate if the progress note needs to be appended or disallowed. **Provider must submit the supplemental worksheet with the corrected McFloops if "Reportable" is selected.** Selecting "Completed" means there					

		are no progress notes that need to be appended or disallowed.					
P17	Progress Note Timeliness	Verify that progress notes are not currently in draft status **past three business days**. Progress notes **later than two weeks** from the date of service may be subject to non-reimbursement for the service provided.					
P18	Discharged Clients Who Were Stepped Down to a GMC (have a discharge reason of referred to one of the GMCs)	Verify that there is a progress note that indicates coordination by the MHP provider with the receiving GMC provider to support the step-down. Documentation may include: attaining a ROI, offering to send relevant documentation to receiving provider, documentation of confirmation that the client has attended their first appointment with the receiving GMC provider (either via the receiving provider or client).					
COMMENTS							

Q	**MEDICATION SERVICES PROGRESS NOTES**						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
Q1	Service Codes Billed	Verify that each service code billed matches the service delivered. Including psychotherapy add on justification if applicable.					
Q2	Case Consultation	Look for detailed med support staff "level of consultation with prescriber" note for medication/ medical related services.					
Q3	Group Session Meds	Look for group type, topic, goal, staff intervention, client participation and response (unique to each individual client's mental health condition) as well as follow-up plan. Also, if two staff facilitated the group, each staff's role should be distinct/unique and justified. Each staff member must complete a separate progress note for the service.					

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Q4	Excessive Billing	Billing for administrative type duties (e.g. faxing and making copies) with no specific medication service function. Time for no-shows with no service of benefit to the client may not be claimed.					
COMMENTS							

R	**GENERAL DOCUMENTATION**						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
R1	HIPAA	Guidelines were adhered to (no breaches of confidentiality, such as other person's info in client's chart, etc.)					
R2	Medical Necessity	Verify that the overall documentation in the chart justifies medical necessity.					
COMMENTS							

Overall strengths found within the chart	

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Client Name: ______________________________ Client ID: ________________________________

EUR SUPPLEMENTAL WORKSHEET (P16)
Progress Notes To Be Appended or Disallowed

UR Reviewer: Identified Issues							Provider: Response/Corrective Actions			
				Select one ✓			Select one ✓			
	Date	Service Code	Units	Append	Disallow	Reason for Appending or Disallowing	Edit Service Information	OCDR	Avatar Fiscal	Comment
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Provider must submit this supplemental worksheet with the corrected McFloop

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Client Name: ______________________________ Client ID: ________________________________

EUR SUPPLEMENTAL WORKSHEET (P16)
Progress Notes To Be Appended or Disallowed

UR Reviewer: Identified Issues							Provider: Response/Corrective Actions			
				Select one ✓			Select one ✓			
	Date	Service Code	Units	Append	Disallow	Reason for Appending or Disallowing	Edit Service Information	OCDR	Avatar Fiscal	Comment
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Provider must submit this supplemental worksheet with the corrected McFloop

Revised: 1-1-2019