

Sacramento County Electronic Utilization Review Tool
MHSA PROGRAMS ADDENDUM TOOL

***This Addendum Tool may also be used for providers who utilize these codes**

Client Name:	Client ID:	U.R. Date:
Provider and Program:		Reviewer Name:
Review Period:		Assessment Start Date/First Medi-Cal Billable Service:
Admit Date:		

A TRADITIONAL HEALING PRACTICES							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
A1	Traditional Healing Practices	Are Traditional Healing Practices (addressed (curanderos, shaman, etc.) as needed? Individual Traditional Healing Practices (28050), Group Traditional Healing Practices (28051).					
COMMENTS							

B SPECIALIZED SERVICES							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
B1	Specialized Services	Are specialized services addressed in the documentation (Geriatric, API, homeless, Alta Regional)?					
COMMENTS							

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C FAMILY/CAREGIVER SERVICES AND SUPPORTS							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
C1	Family/Caregiver Services and Supports	Are services provided to family members or caregivers using the MHSA Family/Caregiver Services and Supports Code (28047)?					
C2	Tracking Index	Is the MHSA Family/Caregiver Services and Supports (28047) Tracking Index completed?					
C3	Separate Chart	Are mental health records for family members or caregivers filed in a separate file and not in the primary client's chart?					
C4	Documented Activities	Ensure that documented activities are those that would not be supported or reimbursed by Medi-Cal under another treatment code. Examples may include Case Management and/or Collateral.					
COMMENTS							

D CLIENT SERVICES AND SUPPORTS							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
D1	Client Services and Supports	Are Client Services and Supports services provided as needed? Client Services and Supports (28045)					
D2	Client Services and Supports	Are the client services and support provided to the client and not just on the behalf of the client?					
D3	Documented Activities	Ensure that documented activities are those that would not be supported or reimbursed by Medi-Cal under another treatment code. Examples may include Rehabilitation, Case Management, and/or Individual Therapy.					

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COMMENTS	
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E	BENEFITS ACQUISITION						
E1	Benefits Acquisition	Are Benefits Acquisition services provided as needed? Benefits Acquisition (28048)					
E2	Benefits Acquisition	Do Benefits Acquisition progress notes speak to assisting the client to identify and obtain appropriate entitlements and benefits?					
COMMENTS							

F	PROGRESS NOTES						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
F1	Progress Notes	Is there a progress note for each service code billed?					
F2	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.					

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COMMENTS	
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G MODE 60 FLEXIBLE FUNDING							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
G1	Mode 60 Flexible Funding	Have Mode 60 flexible funding expenditures been made for the client? If yes, answer G2, G3 and G4.					
G2	Client Services Report, (Single Client): Summary of Mode 60 Services	Ensure that Mode 60 flexible funding expenditures were provided based on client's documented needs or likelihood that the delay in expenditure will pose significant hardship and would likely exacerbate their mental health condition. (This would not apply to Providers using non-MHSA funding sources).					
G3	Documentation Prior to Mode 60 Expenditures	Is there documentation for each Mode 60 flexible funding expenditure speaking to the consideration of natural supports and/or community resources prior to the expenditure? (This would not apply to Providers using non-MHSA funding sources).					
G4	Mode 60 Flexible Funding: Client Plan Requirement	Ensure that Mode 60 flexible funding expenditures were reflected in the active Client Plan.					
COMMENTS							

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H FULL SERVICE PARTNERSHIP (FSP) ONLY							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
H1	PAF	Was a Partnership Assessment Form (PAF) completed upon opening to an FSP and is the form filed in the chart?					
H2	3M	Was a Quarterly Assessment Form (3M) completed quarterly for the client and are the forms filed in the chart?					
H3	KET	Were Key Event Tracking Forms (KET) completed as appropriate?					
COMMENTS							

I Client Housing Plan/ Housing Related Flex Funds							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
I1	Client Housing Plan/ Housing Related Flex Funds	If the program is billing for any Mode 60 housing related flex funds or Housing Subsidies and Support Services: Ensure that there is an updated Client Plan reflecting these services and an active Client Housing Plan in place prior to any housing related flex funds being provided.					
I2	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 documented. If the signature is absent, there must be ongoing explanations in the progress notes.					
I3	Caregiver/ Conservator Signature	If applicable, the caregiver/conservator signature is necessary. If the signature is missing, there must be an explanation documented. If the signature is absent, there must be ongoing explanations in the progress notes.					

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I4	Staff's Signature on Client Plan	Verify that there is a qualified staff's signature on the Client Housing Plan and co-signature if required.					
COMMENTS							

Overall strengths found within the chart	
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Client Name: _____ Client ID: _____

**EUR SUPPLEMENTAL WORKSHEET (F2)
Progress Notes To Be Appended or Disallowed**

UR Reviewer: Identified Issues						Provider: Response/Corrective Actions				
	Date	Service Code	Units	Select one <input checked="" type="checkbox"/>		Reason for Appending or Disallowing	Select one <input checked="" type="checkbox"/>			Comment
				Append	Disallow		Edit Service Information	OCDR	Avatar Fiscal	
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****Provide must submit this supplemental worksheet with the corrected McFloop****

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				Append	Disallow		Edit Service Information	OCDR	Avatar Fiscal	
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****Provider must submit this supplemental worksheet with the corrected McFloop****