

Sacramento County Electronic Utilization Review Tool

MENTAL HEALTH URGENT CARE CLINIC UR SPECIFIED FIELDS

Client Name:	Client ID:	U.R. Date:
Provider and Program: Mental Health Urgent Care Clinic		Reviewer Name:
Review Period:		Provider Start 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	
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C	INTAKE						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
C1	Consent to Treat	Required at start of service and is part of the intake packet. Verify that the Consent to Treat was signed by the client and/or if applicable, legal representative.					
C2	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.					

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C3	Accounting of Disclosure	Required, even if blank, and completed for unauthorized disclosures such as CPS, APS, State Audits, etc.					
C4	ROI's	ROI's must be completed in full with signatures and no blank fields; updated annually. (ROI's must be completed in all circumstances beyond what is outlined in the notice of privacy practices signed by beneficiary and/or if applicable, legal representative.)					
C5	Admission Form	Verify admission form includes: accurate spelling of the client's name and date of birth.					
C6	Financial Information Form	Verify the Financial Information Form (FIF) is scanned into Avatar in the non-episodic episode.					
C7	Medi-Cal Insurance	Was Medi-Cal insurance run?					
C8	ID/ Insurance	Verify copies of ID/Insurance cards are scanned in Avatar.					
COMMENTS							

D	DIAGNOSIS	Requirements	Diagnosis Date :			Reviewer Comments	Program Response
			Completed	Reportable	N/A		
D1	Included/Target Dx.	Verify if client has an "included" primary diagnosis.					
D2	ICD 10 and DSM 5 Admission	In order to claim Medi-Cal: Verify that client has a DHCS approved ICD 10 and a DSM 5 diagnosis at admission and discharge.					
D3	Admission Diagnosis	Verify that there is an admission diagnosis in Avatar.					
D4	Discharge Diagnosis	Verify that there is a discharge diagnosis in Avatar.					
D5	Substance Use Disorder (SUD) Dx.	If a substance use diagnosis exists, it must be secondary to the primary mental health diagnosis.					

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COMMENTS	
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E	ASSESSMENTS						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
E1	Self-Report Checklist	Verify that the Self-Report Checklist is complete.					
E2	Self-Report Checklist	Verify that the Name/Avatar ID are on both sides of Self-Report Checklist					
E3	Self-Report Checklist Risk	If Orange Box Risk is indicated then verify that the following occurred: Urgent Physical / Medical Conditions requires urgent prescriber assessment. If no prescriber was available, the individual has proceeded to the ER or prescriber may have determined that the individual should proceed to the ER.					
E4	Self-Report Checklist Risk	If Green Box Risk is indicated then verify that the following occurred: Physical / Medical Conditions requires review by a prescriber or nurse. If no prescriber was available, the individual has proceeded to their PCP or Medical Urgent Care or prescriber may have determined that the individual should proceed to PCP or Medical Urgent Care.					
E5	Self-Report Checklist Risk	If Blue Box Risk is indicated then verify that the following occurred: This is a Psychiatric Evaluation Question. Client must have been seen by a nurse, prescriber or clinician to evaluate for 5150 criteria.					
E6	Self-Report Triage Outcome	Verify that the Self-Report Triage Outcome Form was completed and includes Vitals, Client Health History and Disposition.					
E7	Mental Health Urgent Care Triage Outcome Form: LPHA Review	Verify that the Mental Health Urgent Care Triage Outcome Form (result of Self-Report Triage Check List) is reviewed as evidenced by an LPHA signature.					

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E8	Screening and Assessment	Verify that the Screening and Assessment has been completed for all services provided beyond Peer services.					
E9	Screening and Assessment Risk	Verify that all risk factors captured within the Screening and Assessment are addressed by staff.					
E10	Plans to Address Risk(s)	If the Screening and Assessment identified past or present history of risks, then detailed measures taken to ensure the client's safety and well-being should be documented. A completed Safety Plan, Crisis Plan, or Wellness Plan should be documented.					
E11	Screening and Assessment	Verify that the client's Name/Avatar ID on all pages of Screening and Assessment.					
E12	Screening and Assessment	Verify that the Screening and Assessment includes: the date of service; the signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the date the documentation was entered in the medical record.					
E13	Vitals	Verify that vitals have been entered into the "Vitals Entry" form in Avatar.					
COMMENTS							

F COORDINATION OF CARE							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
F1	Unlinked Clients	If unlinked, are appropriate referrals being completed for outpatient psychiatric services? Are referrals documented? Evidence may include: Transition Age Youth (TAY) Full Service Partnership (FSP) Screening Completion, HRC TCORE Screening Tool Completion, Sacramento County Bi-Directional Medi-Cal Transition of Care Request and/or in the discharge					

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		progress note the type of resource was selected.					
F2	Unlinked Clients	If unlinked and eligible for the Mental Health Plan (MHP), was a service request completed correctly and on the day of service? Mark reportable if the service request was not completed correctly or if it was submitted past the third day of service.					
F3	Linked Clients	If linked, has appropriate coordination of care been provided and documented?					
F4	Linked Clients	If linked, have collateral records been faxed and documented?					
COMMENTS							

G CLINICAL PROGRESS NOTES							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
G1	Service Codes Billed	Documentation of service delivered must support service code that was claimed. Include justification for interactive complexity add on code. Confirm 93010 assessment in office was only billed 1x per day, per client, per staff.					
G2	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.					
G3	Progress Notes Content	Progress notes include a summary of the services provided.					
G4	Progress Notes Out of Scope	Verify that the intervention provided was within the scope of practice of the practitioner.					
G5	Progress Notes Content/Plan	Progress notes contain a relevant follow up plan.					

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G6	Cultural Competence	Client's cultural and language needs were explored, accommodated (e.g. the use of an interpreter) and documented					
G7	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.					
G8	Excessive Billing	Documentation should support the amount of time that is billed.					
G9	Duplicative Services	Duplicative services are not billed					
G10	Non-Billable Services	Appropriate documentation of non-billable services, such as supervision, researching a topic, interpretation services, filing, faxing, educational services, transportation, etc.					
G11	Discharge Progress Note	Verify that the discharge progress note was completed by a clinician for all services provided beyond Peer services. Peers may complete the discharge progress note if only peers provided services.					
G12	Progress Notes that Need to be Appended or Disallowed	Please list the progress notes that need to be appended 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.					
G13	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.					

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COMMENTS	
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H MEDICATION SERVICES PROGRESS NOTES							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
H1	Service Codes Billed	Verify that each service code billed matches the service delivered. Including psychotherapy add on justification if applicable.					
H2	Excessive Billing	Billing for administrative type duties with no specific medication service function. Time for no-shows with no service of benefit to the client may not be claimed.					
H3	Informed Consent for Treatment with Psychotropic Medications	Look for updated medication consent for each medication prescribed.					
COMMENTS							

I DISCHARGE							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
I1	After Care Form	Was the After Care Form finalized?					
I2	Length of Stay (LOS)	Verify that the client was discharged from the program within 3 days of admission.					
COMMENTS							

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J GENERAL DOCUMENTATION							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
J1	HIPAA	Guidelines were adhered to (no breaches of confidentiality, such as other person's info in client's chart, etc.)					
J2	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 (G12) 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	
1										
2										
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9										
10										

****Provider must submit this supplemental worksheet with the corrected McFloop****

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				Append	Disallow		Edit Service Information	OCDR	Avatar Fiscal	
11										
12										
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20										

****Provider must submit this supplemental worksheet with the corrected McFloop****