**EUR SPECIFIED FIELDS**

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| Client Name: Click or tap here to enter text. | | | Client ID: Click or tap here to enter text. | | U.R. Date: Click or tap here to enter text. | | | |
| Provider and Program: Click or tap here to enter text. | | | | | Reviewer Name: Click or tap here to enter text. | | | |
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| A | **ELIGIBILITY/AUTHORIZATION** | | | | | | | |
|  |  | Requirements | | Completed | Reportable | N/A | Comments | Program Response |
| A1 | Medical Necessity | Confirm Mental Health Plan criteria met in Assessment | |  |  |  |  |  |
| A2 | Authorization (Initial & Continuation) | Initial prior authorization required and authorization for continuation of DTI required at least every 3 months and for DR at least every 6 months. | |  |  |  |  |  |
| A3 | Authorization (Outpatient Services) | Prior authorization required for medication support, counseling, psychotherapy, other mental health services, and case management provided on the same day as DTI or DR, excluding crisis services | |  |  |  |  |  |
| COMMENTS | |  | | | | | | |
| B | **Service Components** | | | | | | | |
|  |  | Requirements | | Completed | Reportable | N/A | Comments | Program Response |
| B1 | Community Meetings  DTI and DR | At least 1x per day addressing issues pertinent to continuity and effectiveness of therapeutic milieu and actively involve staff and clients. Meeting topics include schedule, conflict resolution, planning, debriefing, etc. | |  |  |  |  |  |
| B2 | Community Meeting Staff Requirements | DTI-A staff person whose scope of practice includes psychotherapy;  DR-Physician; licensed/waivered/registered psychologist, LCSW. MFT; registered nurse; LVN; or MHRS | |  |  |  |  |  |
| B3 | Therapeutic Milieu  (Skill Building Groups) | DTI and DR must provide groups focused on helping clients identify skills and adaptive behaviors that address symptoms and behaviors. | |  |  |  |  |  |
| B4 | Adjunctive Therapies | Non-traditional modalities, e.g., art, recreation, dance, music; modality is directed toward developing and enhancing skills towards client plan goals. | |  |  |  |  |  |
| COMMENTS | |  | | | | | | |
| **C** | **Additional Service Components** | | | | | | | |
|  |  | Requirements | | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| C1 | Psychotherapy **(DTI & DR)** | Provided by licensed, registered, or waivered staff practicing within their scope of practice | |  |  |  |  |  |
| C2 | Process Groups **(DR)** | Groups to help clients develop skills necessary in developing problem-solving strategies and to assist one another in resolving behavioral and emotional challenges. DR may include psychotherapy instead of process groups or in addition to process groups. | |  |  |  |  |  |
| COMMENTS | |  | | | | | | |

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| **D** | **Attendance** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| D1 | Total number of minutes/hours | Review progress notes for total number of minutes/hours |  |  |  |  |  |
| D2 | Unavoidable Absence | 1. Total number of hours and minutes client actually attended the program documented; 2 Client present for at least 50 percent of the scheduled hours of operation; 3 Separate entry in record documenting reason for absence. |  |  |  |  |  |
| D3 | Frequent Absences | Provider responsable to re-evaluate client’s need for DTI or DR and take appropriate action |  |  |  |  |  |
| COMMENTS | |  | | | | | |
| **E** | **Continuous Hours of Operation** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| E1 | Half Day Claiming (Attendance log required) | Client must attend at least 3 hours of services for provider to claim half day (breaks between activities, lunch and dinner do not count toward minimum hours of service) |  |  |  |  |  |
| E2 | Full-Day Claiming (Attendance log required) | Client must attend more than 4 hours of services for provider to claim full-day |  |  |  |  |  |
| COMMENTS | |  | | | | | |

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| F | **LOCKOUTS** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| F1 | Crisis Residential (CR), Inpatient Psychiatric Services (IPS), and Jail | DTI or DR are not reimbursable on days when the client receives crisis residential, psychiatric inpatient, or jail services, except for the day of admission to these service. |  |  |  |  |  |
| F2 | Mental Health Services | Mental health services are not reimbursable when provided by DTI or DR staff during the same period of time DTI and DR are claimed |  |  |  |  |  |
| COMMENTS | |  | | | | | |
| G | **Staffing** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| G1 | Psychotherapy (DTI) | Provided by licensed, registered or waivered staff practicing within their scope of practice |  |  |  |  |  |
| G2 | DTI and DR Scheduled Hours of Operation | At least one staff person present and available to the group in the therapeutic milieu (review weekly schedule, progress notes and other documentation) |  |  |  |  |  |
| COMMENTS | |  | | | | | |

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| H | **DOCUMENTATION** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| H1 | Family Contact (DTI and DT) | Contact with client’s family/support persons required for DTI and DR **at least** 1x month |  |  |  |  |  |
| H2 | DTI Daily Notes | Daily notes describe the service provided |  |  |  |  |  |
| H3 | Weekly Summary for DTI and DR | Weekly summary notes include dates of each day attended and services provided |  |  |  |  |  |
| H4 | Progress toward Goals | Weekly summary notes reflect progress toward goals, interventions and responses for DTI and DR |  |  |  |  |  |
| H5 | Psychotherapy Contact | Psychotherapy contact required at least 1x per week for DTI |  |  |  |  |  |
| COMMENTS | |  | | | | | |

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| I | **Random Selection of Progress Notes** | | | | | | |
|  | Date(s) | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
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