EUR SPECIFIED FIELDS

Client Name: Client ID:		U.R. Date:								
Provider and Program:				Reviewer Name:						
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Α	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								
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В	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;								

B3	Therapeutic Milieu (Skill Building Groups) Adjunctive Therapies	DTI and DR must provide groups focused on helping clients identify skills and adaptive behaviors that address symptoms and behaviors. Non-traditional modalities, e.g., art, recreation, dance, music; modality is directed toward developing and enhancing skills towards client plan goals.					
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C	Additional Service Con	nponents					
		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 problemsolving 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.					
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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							
E	MENTS Continuous Hours of C) 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							
COM	IMENTS								

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					
G	IMENTS Staffing						
0	Starring	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)					
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Н	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					
Н3	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					
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Ι	Random Selection of Progress Notes							
	Date(s)	Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response	
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