

Provider Agency:	MEMBER Name:	
Service Type:	Record #:	MID:
Reviewer Name and Credentials:	Date of Review:	
Date Range Reviewed:		
<b>A. CONSIDERATIONS:</b>		
		YES / NO
<b>A1.</b> Was an assessment pathway followed to form diagnosis? Have differential diagnoses been ruled out?		
<b>A2.</b> Does the Comprehensive Clinical Assessment (CCA) or Diagnostic Assessment (DA) support the diagnosis according to latest edition of DSM criteria?		
<b>A3.</b> Does the Comprehensive Clinical Assessment (CCA) or Diagnostic Assessment (DA) support Medical Necessity/Entrance Criteria for the service being reviewed? If answer above was no then answer is No.		
<b>A4.</b> Do the interventions in the PCP address the diagnosed condition?		
<b>A5.</b> Do the progress notes reflect the goals and interventions in the person-centered plan and medically necessary treatment of the diagnosis?		
<b>A6.</b> Does the treatment follow an established pathway or rationale for modification of pathway?		
<b>B. CLINICAL DETERMINATION:</b>		
<b>B1.</b> Is the service reviewed for this recipient clinically appropriate? If not, what is:		
<b>B2.</b> The duration and intensity of the service delivered is appropriate and justified by the documentation provided.		
<b>C. ADMINISTRATIVE RECOMMENDATION</b>		<b>Check one</b>
<b>C1.</b> Documents reviewed support the service as provided. No action required.		
<b>C2.</b> Documents reviewed do not support the service as provided. Recommend recoupment for events reviewed and submit a plan of correction.		

**B3.** Documents reviewed do not support that a treatment service was provided. Recommend recoupment for events reviewed and contract termination for this service.

PROVIDER NAME:		REVIEW DATE:
RECORD:	MID:	MEMBER NAME:

## DOCUMENTS REVIEWED

### Check items reviewed:

- Comprehensive Clinical Assessment/Diagnostic Assessment Report, with signatures, or other assessments used to develop the plan
- Authorizations
- Service Orders
- Person-Centered-Plan, with signatures or revisions that cover the dates of service below
- Service Notes for dates of service (QP, AP, Paraprofessionals) listed below
- Progress Summaries
- Legal documents related to guardianship and/or legally responsible person, if applicable
- For children/adolescents, copies of requests and approvals for EPSDT services for dates of service listed below.
- If Applicable does the provider follow the established clinical pathways and/or adheres to HEDIS measure(s).
- Other:

### COMMENTS:

**Attach documents used to render decisions**