

Monterey County Behavioral Health Clinical Utilization Review Summary

Review Period:	Program:
Feedback Session Date:	QI Reviewer:
Charts Reviewed:	
This review included charts for the following Case Coordinators:	

NI = Needs Improvement
 ME = Meets Expectation
 EE = Exceeds Expectations
 N/A = Not Applicable/Not Reviewed

ASSESSMENT						
Line #	Description	EE	ME	NI	N/A	Comments
Domain 1: Presenting Problem/Chief Complaint						
1	Presenting Problem(s): current and history of presenting problem and impact of the problem and when possible cultural understanding of problem, duration, and severity					
2	Information included about Mental Status at time of assessment					
3	Impairments in Functioning: level of distress, disability, or dysfunction in 1+ important areas of life functioning					
Domain 2: Trauma						
4	Trauma Exposures: life event(s) that is/are deeply distressing or disturbing					
5	Trauma Reactions: such as psychological, emotional responses, symptoms and impact to well-being, developmental progression, and/or risk behaviors					
6	Trauma screening tool results further discussed (as indicated)					
7	Systems Involvement: homelessness, juvenile justice, or child welfare (if applicable) (21-years & younger)					

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Domain 3: Behavioral Health History						
Previous and Current Mental Health Condition and Treatment Services						
8	Previous/current acute or chronic conditions not mentioned in Presenting Problem					
9	If available, previous/current treatment: providers, modality, length of treatment, and response to interventions					
Previous and Current Substance Use Condition and Treatment Services						
10	Previous/current substance use including type, method, and frequency of use					
11	Conditions previously diagnosed or suspected					
12	If available, previous/current treatment: providers, modality, length of treatment, and response to interventions including withdrawal and MAT					
Domain 4: Medical History and Medications						
13	Physical Health Conditions: previous and current co-occurring medical conditions and treatment (i.e., providers, modality, length of treatment, and response to interventions)					
14	Allergies					
15	Current and Past Medications: including prescribing doctor, reason for usage, dosage, frequency, adherence, and efficacy and when available start/end dates					
16	Development History (If known and available): prenatal and perinatal events (21-years & younger)					
Domain 5: Psychosocial Factors						
17	Family: current family involvement (i.e., single, estranged, widowed, loss, birth, etc.)					
18	Social and Life Circumstances: current living situation and interaction with others and larger community (i.e., daily activities, social supports, etc.)					
19	Cultural Considerations: such as cultural/linguistic factors, LGBTQ+ and BIPOC identities, and spirituality and/or religious beliefs, values, or practices					

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Domain 6: Strengths, Risk and Protective Factors					
20	Strengths and Protective Factors: such as personal motivations, desires, hobbies, coping skills, etc.				
21	Risk Factors and Behaviors: such as SI, HI, GD, impulsivity, aggression, etc.				
22	Safety Planning: specific safety plans to be used should risk behaviors arise				
Domain 7: Clinical Summary, Treatment Recommendations, Level of Care Determination					
23	Clinical Impression: including summary of symptoms supporting the diagnosis and impairments connected to presenting problem and hypothesis regarding factors to inform problem list				
24	Diagnostic Impression: diagnoses and/or diagnostic uncertainties(rule-outs, provisional, or unspecified)				
25	Diagnosis is consistent with symptoms and impairments				
26	Treatment Recommendations: detailed and specific interventions, and service types, and overall goals for care				
27	Timeliness: <ul style="list-style-type: none"> • Initial Assessment must be completed 365 days from the original date of coordination (DOC) • Reassessment is recommended to be completed annually thereafter, within 30-days of the anniversary month 				
28	Adverse Childhood Experiences (ACEs)/Pediatric ACEs and Related Life Events Screener (PEARLS) <ul style="list-style-type: none"> • ACEs required for all persons age 18 and older <ul style="list-style-type: none"> ○ Completed at onset and updated as needed ○ Completed at the annual update after person's 18th birthday • PEARLS required for all persons age 0-17 <ul style="list-style-type: none"> ○ Completed at onset and updated as needed 				

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29	<p>Child and Adolescent Needs and Strengths</p> <ul style="list-style-type: none"> • CANS-50 Required for all persons 6-20 years old at onset, every 6 months thereafter, and at discharge • MC CANS IP Ages 0 – 5 Required for all persons 0-5 years old at onset, every 6 months thereafter, and at discharge • CANS IP Trauma Module Required for all persons 6-20 years old involved with child welfare and/or juvenile justice systems at onset, every 6 months thereafter, and at discharge • CANS EI Required for all persons 6-20 years old. Submitted at Onset & Discharge (Gen Ed). For IEP: Submitted at onset and discharge (in conjunction with progress reporting and when dismissing MCBH services from the IEP). 					
30	<p>Pediatric Symptom Checklist (PSC-35)</p> <ul style="list-style-type: none"> • Required for all persons 3-18 years old • Submitted at onset, every 6 months thereafter, and at discharge 					
31	Medi-Cal Screening Tool Completed (if applicable)					
32	Medi-Cal Transition Tool Completed (if applicable)					
33	<p>Other Screening Tools (as applicable)</p> <ul style="list-style-type: none"> • FSP • ICC/IHBS (effective 3/1/24) • TFC (effective 3/1/24) • TBS (effective 1/6/25) • Crisis Residential • SUD • Day Rehabilitation • Day Rehabilitation Intensive • Adult Transitional Residential 					

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34	Full-Service Partnership (FSP) Reporting <ul style="list-style-type: none"> • Required for all FSP Programs <ul style="list-style-type: none"> ○ PAF/Re-Establish KET completed within 30 days of admission ○ KET completed at time of transfer, disenrollment, or significant event ○ QAF completed every 3 months from partnership anniversary within grace period of 15 days prior and 30 days thereafter 					
35	Columbia Suicide Severity Rating Scale (C-SSRS): Completed at initial, annual assessment, and as clinically indicated (i.e. care transition, recent suicide attempt, self-injurious behavior, etc.)					
36	Stanley Brown Safety Plan: Completed at initial, annual assessment, and as clinically indicated (i.e. care transition, recent suicide attempt, self-injurious behavior, etc.)					
Assessment Average:						

PROBLEM LIST						
Line #	Description	EE	ME	NI	N/A	Comments
1	Current Diagnosis, Symptoms, Conditions, and/or Risk Factors Diagnosis (ICD-10) <ul style="list-style-type: none"> • Diagnosis: Consistent with Avatar Diagnosis Form & Assessment • Identified by provider (within scope of practice) Problems (i.e., Z-codes) <ul style="list-style-type: none"> • Identified by provider (within scope of practice) • Identified by client and/or significant support person 					
2	Problems (Added/Resolved) <ul style="list-style-type: none"> • When relevant change to client's condition and/or needs 					
Problem List Average:						

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TREATMENT PLAN

**** Required for Peer Support Services, Therapeutic Behavioral Services (TBS), Short-Term Residential Therapeutic Programs (STRTP), Mental Health Rehabilitation Centers (MHRC), Community Treatment Facilities (CTF), Social Rehabilitation Programs (SRP), Children Crisis Residential Programs (CCRP), and Full-Service Partnerships (FSP) ****

Line #	Description	EE	ME	NI	N/A	Comments
1	Action Steps (Objectives) <ul style="list-style-type: none"> Action steps/objectives, if achieved, would help client reach their goal and are related to the mental health needs and functional impairments Action steps/objectives are specific, observable, and/or quantifiable 					
2	Supports (Interventions) <ul style="list-style-type: none"> Supports are specific and includes proposed interventions, frequency, and duration Supports are developed around one or more barrier (symptom or functional impairment) 					
3	Goal Management Information Completed <ul style="list-style-type: none"> Plan has been updated a least annually and/or when there are significant changes 					
4	Client Participation <ul style="list-style-type: none"> Treatment Plan Participation Consent required for all FSP Programs Evidence client and/or or caregiver participated actively in process 					
Treatment Plan Average:						

PROGRESS NOTES

Line #	Description	EE	ME	NI	N/A	Comments
1	Intervention <ul style="list-style-type: none"> Brief description of how the service addressed the client's behavioral health needs (e.g., symptom, condition, diagnosis, and/or risk factors) 					

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2	<p>Response (Group Notes Only)</p> <ul style="list-style-type: none"> Brief description of the client’s response to the service (e.g., as clinically indicated the individual note for a group service may address the effectiveness of the intervention; progress or problems noted; group dynamics; or other information relevant to the client’s participation, comments, or reactions during the treatment session). 					
3	<p>Plan</p> <ul style="list-style-type: none"> Brief summary of next steps (e.g., as clinically indicated including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and any update to the problem list as appropriate 					
4	<p>Other Progress Note Findings (Some may not apply)</p> <ul style="list-style-type: none"> Service code matches the progress note content Documentation and travel time are unbundled Add-on codes are supported by a brief description for services performed in conjunction with the primary service by same provider Specific involvement and duration of each provider for individual/group notes with multiple providers Services are within scope of practice Non-billable codes are used when direct service duration is under threshold (e.g., <8 minutes, omitting medication support which depends on the practitioner’s credentials) No services are billed that are solely academic, vocational, recreation, socialization, transportation, clerical, or payee related) Lockout/non-billable codes are used when member is in a lock-out place of service (e.g., psych hospitalization, IMD, jail, etc.) Other 					

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5	Timeliness <ul style="list-style-type: none"> • Notes completed within 72 hours (or 1 calendar day if crisis service) with the day of the service being day zero <ul style="list-style-type: none"> ○ EE = >90, ME = 80-90%, NI = <79% 					
Care Coordination						
6	Integration <ul style="list-style-type: none"> • For clients diagnosed with co-occurring substance use disorder, do progress notes document specific integrated mental health treatment approaches, when appropriate? • If applicable, were relevant SUD treatment referrals provided and documented in progress notes? • For clients with physical health needs related to their mental health treatment, do progress notes document physical health care is integrated into treatment through education, resources, referrals, symptom management and/or care coordination with physical healthcare providers? • Does the chart as a whole include evidence of care coordination across providers, agencies, county systems (i.e., DSS, BH, significant support person(s), and/or between delivery systems (MCP & MHP)) 					
7	Level of Care <ul style="list-style-type: none"> • Medical Necessity: Does the clinical record substantiate the need for SMHS appropriate to their age? • Gaps in Services: Are there any gaps in service delivery supported by non-billable notes or explained elsewhere in the clinical record? • Quality: Based on documentation as a whole, is there evidence that treatment is high quality, person centered, culturally responsive and aligned with client needs? 					
Progress Note Average:						

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CONSENTS						
Line #	Description	EE	ME	NI	N/A	Comments
1	Onset of Services					
2	Minor Consent (as applicable)					
3	Unlicensed Clinician Consent (as applicable)					
4	Telehealth Consent					
5	Electronic Communication Consent (as applicable)					
Consents Average:						

AUTHORIZATIONS						
Line #	Description	EE	ME	NI	N/A	Comments
1	Within Authorization for Disclosure					
2	General Authorization for Disclosure					
Authorizations Average:						