

# **Concurrent Review Documentation Requirements**

Documentation needs to show the need for continued stay and <u>specific</u> interventions the facility is making to reach discharge goals.

#### The following information from the last quarter should be included:

#### **Demographics:**

- Client's name
- Date of birth
- CCBH (Cerner) number (if known)
- Age
- Gender
- Date admitted to facility
- Date of this review

#### **Current Diagnosis:**

- Note any changes or updates to mental health diagnosis with date of change and ICD-10 codes
- Note name of diagnosing clinician
- Note and major medical conditions

# Risk Issues During Last Quarter (Date and information on last incident and significant incidents) During Last Quarter:

- Assaultive/aggressive behavior
- Self-harm behavior
- AWOLs and/or AWOL attempts
- Seclusion and restraints
- 1:1 staffing, line of sight
- · Acute care hospitalizations

### Medications and Psychiatric Sessions During Last Quarter:

- Psychiatric notes
- Current medications including compliance and dosage
- Any medication changes and date of change
- Any use of PRNs, state date, medication, dosage and reason for use

#### **Laboratory Results During Last Quarter:**

Appropriate levels/labs for psychiatric meds (e.g., sodium valproate, lithium, clozapine)

#### **Updated Client Goals:**

· Current client goals, note additions or modification

# **Current Symptoms and Progress Towards Discharge:**

- Group attendance and participation
  - Number of psychosocial groups per week
  - Number of activity groups per week
  - o Phase or level of treatment the client is in, if applicable

- ADL completion and/or attention to hygiene
- Psychiatric symptoms and level of acuity
- Physical health symptoms and treatment
- Progress and/or barriers towards goals

# Justification for Continued Stay/Barriers to Discharge:

- Statement showing how client meets criteria for continued stay (justification for continued stay)
- Barriers to discharge
- How barriers are being addressed

# Discharge Plan

- Current discharge plan
- Progress towards discharge
- Anticipated length of stay

# **Contact Information for Optum:**

LTC Phone Line: (800) 798-2254, Option 3, then 5

LTC Fax: (888) 687-2515