



Concurrent Review Form for Skilled Nursing Facilities

Please fax completed review to Optum at (888) 687-2515. Thank you.

Review Date	
Facility Name	
Client Name	
Client Date of Birth	
Treating Psychiatrist	
Date Admitted	

Required Attachments of the Following Clinical Since Last Authorization:

1. Psychiatric and Medical MD/NP notes since last authorization
2. Medication List, showing any changes since last authorization
 - a. Note any psychiatric PRNs - dates administered and why
 - b. If there are med refusals, note dates & which medications refused
3. Quarterly Progress Notes specific to patient's activity plan since last authorization
4. Nursing and social work notes which show specific behaviors since last authorization
5. List of **current active** Diagnoses (Psychiatric and Medical)
6. MDS "Minimum Data Set" assessment(s) completed since last authorization

Complete the Following:

1. What CURRENT behaviors does the client exhibit that place them at risk of deterioration at a lower level of care such as B&C, memory care or assisted living? (Include dates & specific incidents)

Behavior:

- a. How frequently do they exhibit this behavior? (x per week, day or month)

- b. How do you help them manage this behavior? (Interventions the program is doing that cannot be done at a lower level of care.)

- c. How do you help them resolve or reduce this behavior? (what changes have been made to the interventions/treatment plan, including medication adjustments)

Behavior:

a. How frequently do they exhibit this behavior? (x per week, day or month)

b. How do you help them manage the behavior? (Interventions the program is doing that cannot be done at a lower level of care.)

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a. How frequently do they exhibit this behavior? (x per week, day or month)

b. How do you help them manage the behavior? (Interventions the program is doing that cannot be done at a lower level of care.)

c. How do you help them resolve or reduce the behavior? (what changes have been made to the interventions/treatment plan, including medication adjustments)

2. What progress has the client made in the program since the last authorization?

a. If client is not making progress, what changes have been made to the treatment plan to make it more effective?

3. Is there a Discharge plan? If not, specifically why not? ("Poor prognosis", "chronic mental illness" are nonspecific and are common issues for people at lower levels of care.)

4. Have there been any exacerbations of medical illness during this review period? If so, what has happened?