#### Concurrent Review Documentation Requirements

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

**The following information f*rom 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
* 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:**

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