

**UTILIZATION REVIEW RECORD OF REVIEW FOR PARTIAL  
HOSPITALIZATION**

NAME \_\_\_\_\_ # \_\_\_\_\_ UNIT \_\_\_\_\_ DOA \_\_\_\_\_ DOD \_\_\_\_\_ LOS \_\_\_\_\_  
 25% Service Medicare # \_\_\_\_\_ Medicaid # \_\_\_\_\_ P.I. OCS Family \_\_\_\_\_

Admit M.D. \_\_\_\_\_  
 Attending M.D. \_\_\_\_\_  
 Custody \_\_\_\_\_

REASON FOR ADMISSION: \_\_\_\_\_  
 PRIMARY DIAGNOSIS: \_\_\_\_\_

ADMISSION REVIEW		EXTENDED STAY REVIEW						
DUE	DONE	# DAYS	UR DATE	QUESTIONABLE (REASON)	MD	PAR	URC	OUTCOME
<input type="checkbox"/> JUSTIFIED ADMISSION								
<input type="checkbox"/> INITIAL CARE APPROPRIATE								
MTP RREVIEW	DUE _____ DONE _____							
<input type="checkbox"/> ASSESSMENT COMPLETE								
<input type="checkbox"/> APPROPRIATE POC								
40 DAY REVIEW	DUE _____ DONE _____							
<input type="checkbox"/> EVIDENCE ACTIVE TREATMENT								
<input type="checkbox"/> JUSTIFIED CONTINUED STAY								
100 DAY REVIEW	DUE _____ DONE _____							
<input type="checkbox"/> EVIDENCE ACTIVE TREATMENT								
<input type="checkbox"/> JUSTIFIED CONTINUED STAY								

**Southeast Louisiana Hospital**

Partial Hospitalization Admission Review - Daily (1 Working Day)

30433

Patient Name \_\_\_\_\_

Medical Record Number

0	0	0	0				
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Admit Date (MM/DD/YY)

		/			/	0	7
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Review date (MM/DD/YY)

		/			/	0	7
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Admitting MD

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Attending MD

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Reviewer

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**Custody**

- OCS
- Family
- Self
- DHH

**Ward**

- C-A
- C-C

**Reimbursement**

- Service
- PI

Factor	Yes	No
<b>1. Justification for Admission is Documented</b>		
A. Enrolled in school or statement patient can return even after expulsion or truancy.	<input type="radio"/>	<input type="radio"/>
B. Parent, guardian must sign responsibility to participate in program according to criteria	<input type="radio"/>	<input type="radio"/>
<b>2. Statistical Information Complete (STAT DATA 1)</b>		
A. Information Correct	<input type="radio"/>	<input type="radio"/>
B. Emergency notification	<input type="radio"/>	<input type="radio"/>
<b>3. Patient Consent, Rights, Responsibilities</b>		
A. Rights/Responsibility	<input type="radio"/>	<input type="radio"/>
B. immunization	<input type="radio"/>	<input type="radio"/>
C. Informed Consent	<input type="radio"/>	<input type="radio"/>
<b>4. RN</b>		
A. Complete Physical Screen	<input type="radio"/>	<input type="radio"/>
B. Date, Time, Signature	<input type="radio"/>	<input type="radio"/>
C. Initial Treatment Plan	<input type="radio"/>	<input type="radio"/>
D. Health Ed Focus	<input type="radio"/>	<input type="radio"/>
<b>5. MD</b>		
A. Complete Physical Screen	<input type="radio"/>	<input type="radio"/>
B. Date, Time, Signature	<input type="radio"/>	<input type="radio"/>
C. Diet	<input type="radio"/>	<input type="radio"/>
D. Allergies	<input type="radio"/>	<input type="radio"/>
E. Med/Therapy orders School	<input type="radio"/>	<input type="radio"/>
<b>CONCLUSION</b>		
Admission to hospital justified	<input type="radio"/>	<input type="radio"/>
Records are complete	<input type="radio"/>	<input type="radio"/>
Initial care appropriate	<input type="radio"/>	<input type="radio"/>

**Comments/Trends**

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If you make a mistake place an X over the CORRECT answer.



**Southeast Louisiana Hospital**  
**Treatment Plan Review Form - (10 & 40 DAY)**

10 Day Review  
 40 Day Review

33971

Patient Name \_\_\_\_\_

Medical Record Number

Admit Date (MM/DD/YY)

Review date (MM/DD/YY)

0	0	0	0				
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		/			/	0	7
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		/			/	0	7
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Attending MD

Reviewer

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Ward

A-1

D-1

U

A-2

D-2

V

A-3

D-3

W-1

C-A

N

W-2

C-C

O

Factor	Yes	No	N/A	Factor	Yes	No	N/A
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**A. Integrated Assessment**

- 1. Reflects assessment
- 2. Utilizes patient strengths
- 3. Recognizes liabilities
- 4. Substance Abuse   Active
- Deferred
- 5. Obesity             Active
- Deferred

**B. Master Problems List:**

- 1. Includes ALL patient problems:**
- a. Psychiatric (especially high risk)
- b. Medical
- c. Family/Discharged
- d. Substance Abuse   Active
- Deferred
- e. Obesity             Active
- Deferred

**2. Problem titles are descriptive.**

**C. Treatment Plan:**

- 1. Each problem title has multiple specific behaviors described in "as evidence by"
- 2. Objective are appropriately stated:
- a. Measurable (behavior, %, amount)
- b. Avoids two measures in one statements
- c. Not extended beyond 60 days.

**3. Interventions are appropriate:**

- a. Specific staff action (Name, title)
- b. Frequency of action
- c. Individualized action plan (not routine)

**Answer for 40 Day Review ONLY**

**4. Treatment plan updated**

- a. Objectives are achieved, modified, or actions changed
- b. Action reflects current intervention

**Comments/Trends**

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If you make a mistake place an X over the CORRECT answer.



**Southeast Louisiana Hospital**  
**Partial Hospitalization Master Treatment Plan**

(10 DAYS)

22738

Patient Name \_\_\_\_\_

<b>Medical Record Number</b>	<b>Admit Date (MM/DD/YY)</b>	<b>Review date (MM/DD/YY)</b>
0 0 0 0	/ / 0 7	/ / 0 7

<b>Ward</b>	<b>MD</b>	<b>Reviewer</b>
C-A <input type="radio"/>		
C-C <input type="radio"/>		

Factor	Yes	No	N/A	Factor	Yes	No	N/A
<b>1. Assessment Completed (handwritten)</b>				<b>7. Psychology</b>			
A. Pt/Family Assessment - 7 days 7 days	<input type="radio"/>	<input type="radio"/>		A. Findings from Soc. Hx. Reflected on POC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Includes barriers - Tx Plan	<input type="radio"/>	<input type="radio"/>		B. Psych. Included for therapies, If applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ed. needs appropriate	<input type="radio"/>	<input type="radio"/>		C. If included, intervention is appropriate to problem/objective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Nutrition Screen - 10 days	<input type="radio"/>	<input type="radio"/>		<b>8. Activities</b>			
C. Education Screen - 3 days	<input type="radio"/>	<input type="radio"/>		A. Findings from Act assess reflected on POC	<input type="radio"/>	<input type="radio"/>	
D. RN/Physical Screen - 24 hours	<input type="radio"/>	<input type="radio"/>		B. Includes type of activities and purpose/goal	<input type="radio"/>	<input type="radio"/>	
E. Activity Access - 5 days	<input type="radio"/>	<input type="radio"/>		C. Includes frequency and duration of therapy	<input type="radio"/>	<input type="radio"/>	
F. Immunization record (CHILD)	<input type="radio"/>	<input type="radio"/>		D. Intervention is appropriate to problem/objectives	<input type="radio"/>	<input type="radio"/>	
<b>2. Interdisciplinary summary</b>				<b>9. School</b>			
A. All assessment areas addressed	<input type="radio"/>	<input type="radio"/>		A. Findings from Ed Screen reflected on POC	<input type="radio"/>	<input type="radio"/>	
B. Health Education focus appropriate	<input type="radio"/>	<input type="radio"/>		B. School plan addresses existing academic problem or schoolplan relates to primary behavior problem.	<input type="radio"/>	<input type="radio"/>	
<b>3. Interdisciplinary Plan of Care</b>				<b>10. Nutrition</b>			
A. Problem reflects diagnosis/behavior	<input type="radio"/>	<input type="radio"/>		A. Nutrition risk included in POC or Patient/Family Ed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. MPL and Minor Medical appropriate	<input type="radio"/>	<input type="radio"/>		B. Monitoring Schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Achievable short term goals	<input type="radio"/>	<input type="radio"/>		C. Intervention is appropriate to problem/objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Goals reflect health education focus	<input type="radio"/>	<input type="radio"/>		<b>CONCLUSION</b>			
E. Criteria for discharge	<input type="radio"/>	<input type="radio"/>		Assessments are completed	<input type="radio"/>	<input type="radio"/>	
F. Team action/frequency	<input type="radio"/>	<input type="radio"/>		Assessment findings integrated into POC	<input type="radio"/>	<input type="radio"/>	
G. Pt/Family/OCS/all disciplines signatures	<input type="radio"/>	<input type="radio"/>		Appropriate interdisciplinary POC	<input type="radio"/>	<input type="radio"/>	
<b>4. Physician</b>							
A. Findings from physical screen reflected on POC	<input type="radio"/>	<input type="radio"/>					
B. Findings from diag/consults reflected on POC	<input type="radio"/>	<input type="radio"/>					
C. Medication Management Indicated on POC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
D. Verbal orders dated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>5. Nursing</b>							
A. RN specific	<input type="radio"/>	<input type="radio"/>					
B. PA/ Sspecific	<input type="radio"/>	<input type="radio"/>					
C. Progress notes are appropriate to problems/objectives	<input type="radio"/>	<input type="radio"/>					
<b>6. Social Services</b>							
A. Findings from Soc Hx reflected on POC	<input type="radio"/>	<input type="radio"/>					
B. POC includes psychotherapy/group	<input type="radio"/>	<input type="radio"/>					
C. POC includes aftercare plan	<input type="radio"/>	<input type="radio"/>					
D. Interventions appropriate to problems/objectives	<input type="radio"/>	<input type="radio"/>					

**Comments:**

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**Southeast Louisiana Hospital**  
**Treatment Plan Review Form - (10 & 40 DAY)**

10 Day Review

40 Day Review

33971

Patient Name \_\_\_\_\_

Medical Record Number

Admit Date (MM/DD/YY)

Review date (MM/DD/YY)

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Attending MD

Reviewer

Ward A-1

D-1

U

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A-2

D-2

V

A-3

D-3

W-1

C-A

N

W-2

C-C

O

Factor

Yes No N/A

Factor

Yes No N/A

**A. Integrated Assessment**

- 1. Reflects assessment
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- Deferred

**3. Interventions are appropriate:**

- a. Specific staff action (Name, title)
- b. Frequency of action
- c. Individualized action plan (not routine)

**B. Master Problems List:**

**1. Includes ALL patient problems:**

- a. Psychiatric (especially high risk)
- b. Medical
- c. Family/Discharged
- d. Substance Abuse   Active
- Deferred
- e. Obesity           Active
- Deferred

**Answer for 40 Day Review ONLY**

**4. Treatment plan updated**

- a. Objectives are achieved, modified, or actions changed
- b. Action reflects current intervention

**2. Problem titles are descriptive.**

**C. Treatment Plan:**

- 1. Each problem title has multiple specific behaviors described in "as evidence by"
- 2. Objective are appropriately stated:
  - a. Measurable (behavior, %, amount)
  - b. Avoids two measures in one statements
  - c. Not extended beyond 60 days.

**Comments/Trends**

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If you make a mistake place an X over the **CORRECT** answer.

**Southeast Louisiana Hospital**  
**Partial Hospitalization- 40 DAY Review**

63752

Patient Name \_\_\_\_\_

Medical Record Number

Admit Date (MM/DD/YY)

Review date (MM/DD/YY)

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Attending MD

Reviewer

Reason for continued stay

Ward

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Med regulations

C-A

Placement

C-C

S/S Unstable

Factor	Yes	No	N/A	Factor	Yes	No	N/A
<b>1. Follow-up to abnormal referrals</b>				<b>6. Nursing</b>			
A. Follow-up to abnormal labs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A. Action updated/current on POC	<input type="radio"/>	<input type="radio"/>	
B. LAB Protocol Ordered/Followed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	B. Weekly RN Summary	<input type="radio"/>	<input type="radio"/>	
C. Consults (med., psychology, speech, OT, psychopharm, nutritional) cosigned/completed by MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C. Weekly PA Summary	<input type="radio"/>	<input type="radio"/>	
D. Immunization	<input type="radio"/>	<input type="radio"/>		D. RN notes reflect objectives/planned treatment	<input type="radio"/>	<input type="radio"/>	
<b>2. Interdisciplinary Summary</b>				E. PA notes reflect objectives/planned treatment	<input type="radio"/>	<input type="radio"/>	
A. Summary reflects status of active problems	<input type="radio"/>	<input type="radio"/>		F. Changes in patient status appropriately documented/monitored	<input type="radio"/>	<input type="radio"/>	
B. major changes in intervention are noted	<input type="radio"/>	<input type="radio"/>		<b>7. Social Services</b>			
C. Participation/Attendance Appropriate	<input type="radio"/>	<input type="radio"/>		A. Action updated/current on POC	<input type="radio"/>	<input type="radio"/>	
D. Discharge criteria addressed	<input type="radio"/>	<input type="radio"/>		B. Progress therapy notes reflect treatment plan goals	<input type="radio"/>	<input type="radio"/>	
E. Estimated LOS reasonable	<input type="radio"/>	<input type="radio"/>		C. Active discharge planning included	<input type="radio"/>	<input type="radio"/>	
<b>3. Health Education</b>				D. Evidence of effectiveness/progress/participation	<input type="radio"/>	<input type="radio"/>	
A. Education needs are appropriate	<input type="radio"/>	<input type="radio"/>		<b>8. Psychology</b>			
B. Multidisciplinary	<input type="radio"/>	<input type="radio"/>		A. Action updated/current on POC as indicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Patient/Family Education completed by all disciplines	<input type="radio"/>	<input type="radio"/>		B. Weekly reassessment, if noted in POC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4. Interdisciplinary Plan</b>				C. Evidence of effectiveness/progress/participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A. P.O.C. updated/changed	<input type="radio"/>	<input type="radio"/>		<b>9. Activity</b>			
B. Objectives achieved/modified	<input type="radio"/>	<input type="radio"/>		A. Action updated/current on POC as indicated	<input type="radio"/>	<input type="radio"/>	
C. New goals have team actions	<input type="radio"/>	<input type="radio"/>		B. Weekly reassessment	<input type="radio"/>	<input type="radio"/>	
D. Goals are individualized	<input type="radio"/>	<input type="radio"/>		C. Progress therapy notes reflect treatment plan goals	<input type="radio"/>	<input type="radio"/>	
<b>5. Physician</b>				D. Attendance at therapy, progress	<input type="radio"/>	<input type="radio"/>	
A. Actions updated/current in POC	<input type="radio"/>	<input type="radio"/>		<b>10. School</b>			
B. Weekly reassessment on Progress notes	<input type="radio"/>	<input type="radio"/>		A. Action updated/current on POC	<input type="radio"/>	<input type="radio"/>	
C. Progress notes reflect treatment plan goals	<input type="radio"/>	<input type="radio"/>		B. Weekly summary written	<input type="radio"/>	<input type="radio"/>	
D. Verbal orders signed/dated/timed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>11. Nutrition</b>			
E. justification documented for LOS	<input type="radio"/>	<input type="radio"/>		A. Action updated/current on POC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				B. Reassessment in Progress Notes per POC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				C. Evidence of nutritional counseling/patient family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CONCLUSION**

Evidence of Active Treatment	<input type="radio"/>	<input type="radio"/>
Justification for Continued Stay	<input type="radio"/>	<input type="radio"/>
Updated Tx Plan	<input type="radio"/>	<input type="radio"/>

Comments/Trends

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If you make a mistake place an X over the CORRECT answer.

