Concurrent Review Guide 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:

- **Monthly psychiatrist notes for period being reviewed**
- **Updated Care Plan for psychiatric symptoms/behaviors including progress towards goals this quarter**
- **Medication List, including PRNs administered**

Helpful attachments:

- Nursing and social work notes for period being reviewed

1. Current Diagnoses ICD-Code

2. High Risk Behaviors During Review Period

Behavior Type	Number of Incidents	Date(s) of Incident(s)	Situation, Intervention Applied, and Client Response
Assault/Threats			
Property Destruction			
AWOL			
Substance Use			

Sexual Acting Out			
Use of Seclusion			
Use of Restraints			
Self-Injurious			
Suicide Risk			
Other			

3. Medical Issues, Including Exacerbation of Chronic Medical Issues

Medical Issue	Number of Incidents Since Last Review	Type of Incidents Since Last Review	Intervention Applied and Client's Response

4. Completion of ADLs (Hygiene, bathing, clothing, meals)

Ambulation	☐ With Assistance ☐ Without Assistance	Average Completion per Week:
Showers/Bathing	☐ With Assistance ☐ Without Assistance	Average Completion per Week:
Clean, Appropriate Clothing	☐ With Assistance ☐ Without Assistance	Average Completion per Week:
Meals	☐ With Assistance ☐ Without Assistance	Average Completion per Week:

5. Participation in Program Activities and Groups

Mental Health Groups	Average numbers of groups attended per week:
Actively Participating?	☐ Yes ☐ No
Check Topics of Groups Attended	☐ Psychiatric symptom management ☐ Improved cognitive, behavioral, and interpersonal coping ☐ Substance use recovery groups focused on abstinence, coping skills, and relapse prevention skills ☐ Other:
Recreational Groups	Average number of groups attended per week:
Actively Participating?	☐ Yes ☐ No
Check Topics of Groups Attended	☐ Re-training in activities of daily living and social skills

	☐ Preparation for re-entry into the mainstream community ☐ Social and dining ☐ Information regarding vocational training opportunities, as appropriate ☐ Money management ☐ Facility supervised outings ☐ Other:
Comments	

6. Client's Presentation and Progress

Mental Status Exam Completed on this Date	
Consciousness	☐ Alert ☐ Lethargic ☐ Somnolent ☐ Stuporous ☐ Other:
Orientation	☐ Intact ☐ Impaired
Appearance	☐ Neat ☐ Casual ☐ Unkempt ☐ Odoriferous ☐ Other:
Attitude	☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Other:
Attention/Concentration	☐ Good ☐ Fair ☐ Poor
Psychomotor	☐ Normal ☐ Slowed ☐ Activated ☐ Agitated ☐ Involuntary Movements
Eye Contact	☐ Good ☐ Fair ☐ Poor
Speech	☐ Normal ☐ Pressured ☐ Rapid ☐ Loud ☐ Slowed ☐ Soft ☐ Paucity ☐ Mute ☐ Slurred ☐ Other:
Mood	☐ Euthymic ☐ Depressed ☐ Elevated ☐ Anxious ☐ Irritable ☐ Other:
Affect	☐ Appropriate/Full ☐ Blunted/Flat ☐ Constricted ☐ Inappropriate ☐ Other:
Memory	☐ Intact ☐ Impaired
Intelligence	☐ Average ☐ High ☐ Borderline ☐ Low
Thought	☐ Logical ☐ Goal-directed ☐ Concrete ☐ Circumstantial ☐ Tangential ☐ Poverty ☐ Loose Associations ☐ Blocking ☐ Slow ☐ Paranoid Ideation ☐ Grandiosity ☐ Delusions ☐ Other:
Perception	☐ Normal ☐ Hallucinations ☐ Ideas of Reference:
Insight/Judgement	☐ Good ☐ Fair ☐ Poor
Suicidal Ideations	☐ No ☐ Yes ☐ Plan ☐ Intent ☐ Means

Homicidal Ideations	☐ No ☐ Yes ☐ Plan ☐ Intent ☐ Means
Summary of client's progress and individual interventions utilized	

7. Discharge Planning

Check what occurred during this review period	☐ Linkage to community-based organization ☐ Updated Care Plan ☐ Improvement shown as documented in their Care Plan ☐ Improved functional behavior ☐ Stabilization of medication ☐ Reduced medication levels, as appropriate ☐ Stabilization from acute psychiatric symptoms ☐ Reduction of psychiatric symptoms or concerns ☐ Collaboration with case manager ☐ Benefiting from psychosocial programming
Please add any additional comments	

8. Justification for Continued Stay/Barriers to Discharge

Check what occurred during this review period	☐ Medication refusals ☐ Need for psychiatric PRNs ☐ Aggression/Agitation ☐ Ongoing paranoia/Delusional thought content ☐ Ongoing depression/SI ☐ Impaired ability to attend to ADLs due to psychiatric illness ☐ Poor insight and judgment
Please describe including additional staff support needed	