

ILLINOIS
MENTAL HEALTH COLLABORATIVE

FOR ACCESS AND CHOICE

DHS/DMH POST-PAYMENT REVIEW INTERPRETIVE GUIDELINES

FY16 PPR Tool Items

- 1. No valid note documenting the service could be located** - 59 Ill. Admin. Code, pt. 132.100 (i); 132.100 (i) (4).

Progress note that relates to the claim must be in consumer record.

If there is a bill for a specific date and service there must be a progress note in the clinical record corresponding to the specific date and service of the bill. The claim would be disallowed if there is a claim for a specific date and service, but the note with the specified date and service cannot be found in the consumer's record. We cannot assume that a note with a different date or service of the claim is one and the same.

The clinical intervention or activity must be documented in the progress note.

The progress note must describe the clinical intervention or activity that occurred during each service provision. The claim will be marked as unsubstantiated if the progress note does not include the clinical intervention or activity.

This is also the requirement for documenting the services of Mental Health Assessment and ITP Development, Review and Modification. The Mental Health Assessment and the ITP do not function as a progress note. Progress notes for these services that state "completed mental health assessment" or "completed individual treatment plan" is not sufficient documentation and will be marked as unsubstantiated for this item. There must be a description in a signed and dated note that describes what was done to work on or complete the MHA or ITP.

Signature and Credentials on Progress Note

Staff providing services are required to sign their notes and specify their credentials after their signature. Staff signature on the note must include legible credentials. If credentials and/or signature are illegible, reviewers will ask for staff assistance with interpretation. If credentials are missing from the signature or if credentials are illegible to all, this item will be marked as disallowed. Item #3 will not be marked as disallowed unless the person signing the note is not qualified.

The signature does not have to contain the credentials if the signing line has typed credentials underneath or beside the signature. For information about electronic signatures see 59 Ill. Admin. Code, pt. 132.85 (f).

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- 2. Progress note does not describe a billable service intervention or activity.** - 59 Ill. Admin. Code, pt. 132.100 (is) (1); 59 Ill. Admin. Code, pt. 132.100 (i) (6).

Service interventions and activities for which payment is requested must be billable. Note must be reflective of mental health clinical work that is defined as medically necessary, not simply recreational and not something unrelated to a documented mental health need. If marked off for item #2, reviewers should only evaluate the other tool items pertaining to the MHA and ITP because there is no need to assess other items if the service isn't even billable, but feedback on the MHA and ITP could be useful to the provider.

Examples of activities which are NOT BILLABLE:

- a. Watching a movie, shopping, playing basketball, bowling, eating lunch, etc. with no clear skills training or clinical services being provided and clearly documented.
- b. Preparing medications without consumer present, taking vitals, picking up medications from the pharmacy without consumer present, or transporting (delivering) medications to consumer.
- c. Running errands for consumer (i.e., shopping for consumer without consumer present).
- d. Performing apartment checks
- e. Writing out Payee checks or completing paperwork.

- 3. Service provided by unqualified staff** - 59 Ill. Admin. Code, pt. 132.42 (a) (4); 59 Ill. Admin. Code, pt. 132.150.

Staff providing a 59 Ill. Admin. Code, pt. 132 service must have the required credentials of the service being provided.

- 4. No amount of time documented** - 59 Ill. Admin. Code, pt. 132.100 (i) (3).

The progress note does not include an amount of time. The progress note must include a start time and a duration amount or start time and end time.

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5. No valid Mental Health Assessment (MHA) could be located - 59 Ill. Admin. Code, pt. 132.148 (a).

MHA that relates to the claim must be in consumer record

The MHA, Admission Note (residential or ACT) or HFS approved Healthy Kids mental health screen (for persons under age 21) in effect at the time of the claim is required to be in the clinical record. This item would be marked as disallowed if the MHA, Admission Note or Healthy Kids screen that should be in effect at the time of the claim could not be located in the record.

An Admission Note must be completed within 24 hours of admission and is effective for a maximum of 30 days [59 Ill. Admin. Code, pt. 132.148 (a) (1)]. A **dated signature of a QMHP** must be on the Admission Note [59 Ill. Admin. Code, pt. 132.148 (a) (1) (C)].

A Healthy Kids mental health screen remains effective for the **initiation of services** for 60 days from the date of the **physician's dated signature**. A Healthy Kids mental health screen may be used for a maximum of 30 days while the mental health assessment is being completed. [59 Ill. Admin. Code, pt. 132.148 (a) (2)].

Per 59 Ill. Admin. Code, pt. 132.148 (a) (3), a mental health assessment is not required prior to the initiation of psychological evaluation, crisis services [59 Ill. Admin. Code, pt. 132.150(b)] and case management services [59 Ill. Admin. Code, pt. 132.165 (a) (1)].

LPHA signed MHA after ITP is signed by LPHA

If the initial Mental Health Assessment that relates to the claim is signed after the initial ITP by an LPHA after the ITP that relates to the claim is signed by an LPHA, then a valid MHA would not be in the record and item 5 would be marked unsubstantiated.

First Face to Face Contact

The provider designates what is the first face to face that initiates treatment. If the provider does not indicate the first face-to-face date that initiates treatment, the reviewer will assume the first appointment is that date. If the MHA was not completed within 30 days of that appointment or what the provider designated as the first face to face AND there is no explanation of the delay, then reviewers would indicate that as a deficiency.

MHA Annual Update

The Mental Health Assessment is required to be updated annually by the QMHP (within 12 months after the LPHA's signature on the previous mental health assessment). -59 Ill. Admin. Code, pt. 132.148 (a) (10).

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MHA Requires LPHA Signature

The LPHA must sign **and date** the MHA report that relates to the claim. Credentials must be legible - 59 Ill. Admin. Code, pt. 132.148 (a) (9).

In the event that the LPHA and the QMHP is the same person, this person needs to sign only once, but this person has to sign with LPHA credentials after the name. If they meet credentials as an LPHA, they are also a QMHP so they meet both criteria.

The signature does not have to contain the credentials if the signing line has typed credentials underneath or beside the signature. For information about electronic signatures see 59 Ill. Admin. Code, pt. 132.85 (f).

Components of Electronic MHA

If an electronic MHA is made up of several components that are located in different screens of the electronic system and are separate from each other, it must be clear that the LPHA reviewed and approved all components of the electronic MHA and that the QMHP was responsible for the completed mental health assessment report as documented by their dated signatures on the mental health assessment. There must be a method that the provider uses consistently to demonstrate this review/approval of all the components of the MHA.

6. No valid Individual Treatment Plan could be located - Rule 132.42 (a) (1); 132.100 (d).

ITP that relates to the claim must be in consumer record

The ITP in effect at the time of the claim is required to be in the clinical record. This item would be marked as disallowed if the ITP could not be located in the record.

Concurrent development – MHA/ITP

Services may be provided concurrently with the development of the initial ITP if the services are recommended by the LPHA as medically necessary on the signed and dated MHA and are included in the completed ITP within required time lines.

Admission Note/Healthy Kids mental health screen time requirements

When an Admission Note or Healthy Kids mental health screen was completed to initiate service the ITP shall be developed, following the completion of a Mental Health Assessment, within 30 days after the client's date of admission [(59 Ill. Admin. Code, pt. 132.148(c) (1)].

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ITP Requires LPHA Signature

The dated signature of the LPHA is what puts an ITP into effect and the signature and/or date is missing from the ITP, making the ITP invalid. The treatment plan must be approved and signed by a LPHA within 45 days of the dated LPHA signature on the Mental Health Assessment.

The signature does not have to contain the credentials if the signing line has typed credentials underneath or beside the signature. For information about electronic signatures see 59 Ill. Admin. Code, pt. 132.85 (f).

Expired ITP's

In the instance that the ITP has expired or has not been completed within the required time period, the only services that can be provided are mental health assessment service, ITP development, review and modification, crisis intervention, case management transition, linkage and aftercare and mental health case management.

7. **Specific service does not appear on ITP** - 59 Ill. Admin. Code, pt. 132.42 (a) (3); 132.148 (c) (2) (C); 132.148 (c) (7).

Specific service is not on ITP that relates to the claim

This item would be marked as disallowed if the specific service provided and billed for is not included on the ITP. Even when there is a DMH/Collaborative authorization in place, the service must still be included on the ITP.

Note: The following is a list of specific 59 Ill. Admin. Code, pt. 132 services:

- Psychotropic Medication Administration
- Psychotropic Medication Monitoring
- Psychotropic Medication Training (Individual or Group)
- Community Support (Individual or Group)
- Community Support Team (CST)
- Community Support Residential (Individual or Group)
- Psychosocial Rehabilitation (Individual or Group)
- Therapy/Counseling (Individual, Group, or Family)
- Case Management- Mental Health
- Case Management-Client Centered Consultation
- ACT or ACT Group

Narrative describes different service

In the event that the narrative of the note describes a different service than the claim (#11 would be marked disallowed), and the service associated with the claim matches the service identified in the header section of the note, reviewers will mark item #7 as disallowed if the service described in the narrative of the note is not on the ITP. For example, the service of the claim is Community Support Individual. The narrative of the note that relates to the claim identifies that

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Case Management Mental Health was provided. The header of the note, with the consumer name, location of service, etc. documents that Community Support Individual was provided. If Case Management Mental Health is not on the ITP, the claim would be marked unsubstantiated for this item.

Concurrent development – MHA/ITP

Services may be provided concurrently with ITP development if the Mental Health Assessment report is completed, signed and dated by the LPHA, the Admission Note is signed and dated by the QMHP, or a Healthy Kids mental health screen completed by a physician is in the client record, are services recommended as medically necessary and are included in the completed ITP within required time lines.

- 8. The LPHA and the QMHP reviews the ITP to determine if progress toward goals is being met and whether each of the services described in the plan has contributed to meeting the stated goals.** - 59 Ill. Admin. Code, pt. 132.148 (c) (5).

ITP reviews are required to include a determination of whether or not progress towards the ITP goals are being met **and** whether services described in the ITP have contributed to meeting the stated goals (59 Ill. Admin. Code, pt. 132.148 (c) (5)). For the purpose of PPR, reviewers will be looking to see if progress is reviewed for each stated goal on the ITP and if all services identified on the ITP have been evaluated.

- Progress toward Goals
Progress toward goals must be documented specific to the current treatment plan review. Documentation must contain a review of progress toward **each** goal of the ITP that is being reviewed and cannot be just a summary of overall progress. Merely stating “met”, “not met”, “achieved”, “change”, “inactive”, “continue”, etc. does not meet the expectation for documentation of progress. The documentation may be in the form of a progress note.
- Evaluation of Services
Providers must consider the progress the consumer is making towards goals when evaluating the need to continue, modify or discontinue services. It is not sufficient to review progress without evaluating services or to evaluate services without reviewing progress towards each goal. It must be evident that each services have been reviewed.

It is not necessary for ITP review to be attached to ITP to ensure ITP was reviewed. Reviewers will ask the provider to show them where review of progress is indicated in the chart.

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9. Time billed is greater than time documented - 59 Ill. Admin. Code, pt. 132.100 (i) (3).

The progress note states one time and the billing states a longer period of time (example: progress note states 15 minutes for the billed service, while the billing states 30 minutes). This item is correctable through billing because the documentation is valid but was billed with the incorrect time.

10. Location of service not correctly noted on-site vs. off-site - 59 Ill. Admin. Code, pt. 132.100 (i) (5).

Services provided at a certified site must be billed as on-site. If it is a provider site (owned or leased by the provider) the provider is required to have the site certified. This item is correctable through billing because the documentation is valid but was billed with the incorrect code.

11. Note describes a different service than billing submitted - 59 Ill. Admin. Code, pt. 132.100 (i) (1).

Service of claim and documented service must match

This item is marked as disallowed if there is a claim with a specified date and service but the note reflects a different service being provided. This may be a data entry error on the part of the provider. For example, note may say individual therapy but the claim was billed with the service code for group therapy. This item is correctable through billing because the documentation is valid but was billed with the incorrect code.

If this item is marked disallowed, reviewers should ensure that the service described in the progress note is a medically necessary service identified on the ITP. In this case, providers would not be allowed to correct the billing (void and resubmit) as the service was not on the ITP.

Credentials on claim

In the event that the claim was submitted at a higher credentialed level (claim says service provided by QMHP but signature on note reflects an MHP, for example) than documentation notes, check off for this item if the credential is one that is allowed to provide the service billed (an MHP providing therapy/counseling but billed as a QMHP, for example). This item is correctable through billing because the documentation is valid but was billed with the incorrect staff credentials. However, if the staff person does not have required credentials for providing the service, mark off for #3 (Service provided by unqualified staff).