

2	<p>Serious Emotional Disturbance, in children and adolescents, ages birth-17: A serious mental health problem that can be diagnosed under DSM-IV and/or all of the following:</p> <ol style="list-style-type: none"> problems in personality development and social functioning which have been exhibited over a least one year's time; and problems which are significantly disabling based upon the social functioning of most children their age; and problems that have become more disabling over time; and service needs that require significant intervention by more than one agency <p>Children with a co-occurring SA or MR diagnosis are also eligible for SED CMHRS IV-47</p>	<p>Findings & Recommendations:</p>
3	<p>At-Risk of Serious Emotional Disturbance (SED): Children ages 0-7 who meet one of the following:</p> <ol style="list-style-type: none"> exhibit behavior or maturity that is significantly different from most children their age, and which is not the result of developmental disabilities or mental retardation; or have parents, or persons responsible for care, with predisposing factors that could result in the children developing serious emotional or behavioral problems (e.g. inadequate parenting skills, SA mental illness or other emotional difficulties, etc.) ; or have experienced physical or psychological stressors which put them at risk for serious emotional or behavior problems <p>1029 (SYS) 90-2 12VAC30-60-143.E.2 12VAC30-50-420.A 12VAC30.50.430.A CMHRS IV-48</p>	<p>Findings & Recommendations:</p>
4	<p>For the individual to be eligible to receive case management billed to Medicaid, there must be evidence in the clinical record that the classification criteria are met. This information (such as the diagnosis, level of disability, and duration of illness to support "serious mental illness") must be supported by other clinical documentation that may include but is not limited to the following:</p> <ul style="list-style-type: none"> A physician's diagnosis Copies of the hospital discharge summaries Reports/referral information from other agencies involved with the client/family A social/medical history An employment history <p>CMHRS VI-22-23</p>	<p>Findings & Recommendations:</p>
<p>Required Activities</p>		
5	<p>An assessment must be completed by a qualified mental health case manager to determine the need for services. This assessment then serves as the basis for the ISP. CMHRS IV-48</p>	<p>Findings & Recommendations:</p>
6	<p>The referral/assessment information must be documented in the clinical record. This may be on an intake/assessment form or written evaluation report, in a written chronological intake note, or other type of documentation. Billing cannot occur before face-to-face contact with the client occurred. CMHRS IV – 51; CMHRS VI-23</p>	<p>Findings & Recommendations:</p>
7	<p>The initial comprehensive assessment must also include current documentation of a medical examination, a psychological/psychiatric evaluation, and a social assessment. CMHRS IV- 51</p>	<p>Findings & Recommendations:</p>
8	<p>An assessment of adaptive functioning is recommended to support medical necessity criteria. CMHRS VI-6</p>	<p>Findings & Recommendations:</p>
9	<p>Any drugs prescribed as a part of the treatment, including the prescribed quantities and the dosage, must be entered in the record. CMHRS VI-6</p>	<p>Findings & Recommendations:</p>

10	<p>There must be documentation that the choice of a provider has been offered when services are initiated and when there are changes in services. The choice must be documented in writing by having the recipient (or parent or guardian when appropriate) sign a document verifying freedom of choice of providers was offered and this provider was chosen. CMHRS IV-51</p>	<p>Findings & Recommendations:</p>
11	<p>Any decision that affects the individual's receipt of Medicaid-covered services may be appealed to DMAS. The individual must be notified in writing of the right to a hearing and the procedure for requesting a hearing both at the time of application and at the time of any action. For applicants and recipients whose primary language is not English, a translation understood by the applicant or recipient of the appeal rights must be included. CMHRS IV-64-67</p>	<p>Findings & Recommendations:</p>
12	<p>A release form must be completed and signed by the recipient for the release of any information. CMHRS IV-51</p>	<p>Findings & Recommendations:</p>
13	<p>The ISP must document the need for case management and be fully completed within 30 days of initiation of the service. 12VAC30-60-143.E.4, CMHRS IV-48</p>	<p>Findings & Recommendations:</p>
14	<p>The ISP meets all the following criteria: 1. comprehensive and regularly updated 2. specific to individual being treated 3. containing, but not necessarily limited to:</p> <ul style="list-style-type: none"> • treatment/training needs • goals and measurable objectives to meet identified needs • services to be provided with recommended frequency to accomplish the measurable goals and objectives and • estimated timetable for achieving the goals and objectives • <i>the person responsible for the service intervention</i> <p>Such ISP shall be maintained up-to-date as needs and progress of individual changes. 12VAC30-50-226.A</p>	<p>Findings & Recommendations:</p>
15	<p>There must be an ISP from each provider rendering services to the recipient. The ISP is the service plan developed by the individual service provider related solely to the specific tasks required of that service provider and the desired outcomes. ISPs help to determine the overall plan of care for the individual. The ISPs must state long-term service goals and specified short-term objectives in measurable terms. For case management services, specific objectives for monitoring, linking, and coordinating must be included. CMHRS IV-51</p>	<p>Findings & Recommendations:</p>
16	<p>The plan of care must be part of the record. CMHRS VI-6</p>	<p>Findings & Recommendations:</p>
17	<p>The recipient or legal representative and any relevant family members or friends involved in the development of the ISP must sign the ISP. CMHRS IV-51</p>	<p>Findings & Recommendations:</p>
18	<p>An active client for case management shall mean an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or communication or activity with the client, family, service providers, significant others and others including at least one face-to-face contact every 90 days. 12VAC30-50-420.A.1 12VAC30-50-430.A.1 CMHRS IV-48</p>	<p>Findings & Recommendations:</p>
19	<p>The following activities and services must be provided: mandatory monthly case management contact, activity, or communication relevant to the ISP. Written plan development, review, or other written work is excluded. CMHRS IV-48-49</p>	<p>Findings & Recommendations:</p>

20	<p>A face-to-face contact must be made at least once every 90-day period. The purpose of the face-to-face is for the case manager to observe the recipient's condition, to verify that services which the case manager is monitoring are in fact being provided, to assess the recipient's satisfaction with services, to determine any unmet needs, and to generally evaluate the recipient's status. CMHRS IV-49</p>	Findings & Recommendations:
21	<p>The case manager shall review the ISP every 3 months. The review will be due by the last day of the 3rd month following the month in which the last review was completed. A grace period will be granted up to the last day of the fourth month following the month of the last review. When the review was completed in a grace period, the next subsequent review shall be scheduled three months from the month the review was due and not the date of the actual review. 12VAC30-60-143.E.4 CMHRS IV-48</p>	Findings & Recommendations:
22	<p>Providers must coordinate reviews of the ISP with the case manager every three months. CMHRS IV-51</p>	Findings & Recommendations:
23	<p>The ISP shall be updated at least annually. 12VAC30-60-143.E.5</p>	Findings & Recommendations:
24	<p>There must be no more than 365 days between the effective dates of an individual's annual ISP. The current ISP may not be an "old" ISP which has a new date written on it. The ISP must be rewritten annually. CMHRS VI- 26</p>	Findings & Recommendations:
25	<p>The case manager must revise the ISP whenever the amount, type, or frequency of services rendered by the individual service providers change. When such a change occurs, the case manager must involve the individual in the discussion of the need for the change. CMHRS IV-52</p>	Findings & Recommendations:
26	<p>Progress notes are to convey consumer's status, staff interventions and as appropriate, progress toward goals and objectives in the plan of care. CMHRS VI-6</p>	Findings & Recommendations:
27	<p>Documentation to support billing includes at a minimum:</p> <ul style="list-style-type: none"> • Name of service rendered • Date service rendered • Signature and credentials of person rendering service • The setting • Amount of time or units required to deliver the service <p>CMHRS VI-6</p>	Findings & Recommendations:
28	<p>The following services and activities must be provided in accordance with the ISP:</p> <ul style="list-style-type: none"> • Linking the individual to services and supports specified in the ISP • Assisting the individual directly, which may include transportation, for the purpose of developing or obtaining needed resources, including crisis assistance supports • Coordinating services and treatment planning with other agencies and providers • Enhancing community integration through increased opportunities for community access and involvement and creating opportunities to enhance community living skills to promote community adjustment • Making collateral contacts with significant others to promote implementation of the service plan and community adjustment • Monitoring service delivery through contacts with service providers as well as periodic site visits and home visits • Education and counseling which guide the consumer and develop a supportive relationship that promotes the service plan <p>CMHRS IV-49</p>	Findings & Recommendations:
29	<p>There must be documentation which notes all contacts made by the case manager related to the ISP and the individual's needs. CMHRS IV-51</p>	Findings & Recommendations:

30	All service plans (originals, updates, and changes) must be maintained for a period not less than five years from the date of service or as provided by applicable state laws whichever is longer. CMRS IV- 51	Findings & Recommendations:
Limitations:		
31	Staff travel time shall not be included in billable time for reimbursement. 12VAC30-130-550.A	Findings & Recommendations:
32	Providers may bill Medicaid for mental health case management only when the services are provided by qualified mental health case managers. 12VAC30-50-420.E.3	Findings & Recommendations:
33	Delivered Services as documented are consistent with: 1. recipients' Individual Service Plans 2. invoices submitted and 3. specified service limitations 12VAC30-60-140.B.4	Findings & Recommendations:
34	There shall be no maximum service limits for case management services except for individuals residing in institutions or medical facilities. For these individuals <i>who are not age 21-64 years and in an institution for mental disease (IMD)</i> , reimbursement for case management shall be limited to <i>one month of service</i> 30 days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than 2 <i>non-consecutive</i> discharge periods in 12 months. <i>Reimbursement for case management services for individuals age 21-64 in IMDs is not allowed.</i> CMHRS IV-50 12VAC30-50-420.A.2	Findings & Recommendations:
35	Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose. 12VAC30-50-420.G	Findings & Recommendations:
36	Case management services for the same individual must be billed by only ONE type of case management provider. CMHRS IV-51	Findings & Recommendations:
37	Educational activities do not include group activities that provide general information and that do not provide opportunities for individualized application to specific recipients. CMHRS IV-49	Findings & Recommendations:
38	Case management services are intended to be an individualized client-specific activity between the case manager and the recipient. There are some appropriate instances where the case manager could offer case management to more than one recipient at a time. The provider bears the burden of proof in establishing that the case management activity provided simultaneously to two or more recipients was consumer-specific. CMHRS IV-49	Findings & Recommendations:
39	Billing can be submitted for an active client only for months in which direct or client-related contacts, activity or communications occur. 12VAC30-50-420.A.1 CMHRS IV-50	Findings & Recommendations: