# FY 2017/18 CLAIMS VERIFICATION / CLINICAL RECORD REVIEW

| | | Autism |
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| **SECTION 1 - PRIMARY ASSESSMENT** | | |
| **1.10** | **There is evidence that a qualifying ADOS-2 has been completed within the past year and/or I completed a minimum of once a year.**<br>*SWMBH Clinical Review Tool*<br>2 - A current ADOS-2 is found in the record.<br>1 - ADOS-2 is present in the record but more than one year old.<br>0 - No ADOS-2 found in record<br>***Source Requirement*** | **X** |
| **1.11** | **Evidence that an ADI-R, or clinical equivalent, has been completed.**<br>*SWMBH Clinical Review Tool*<br>2 - An ADI-R or clinical equivalent is found in the record.<br>1 - ADI-R or clinical equivalent is present in the record but more than one year old.<br>0 – ADI-R or clinical equivalent is not found in record<br>***Source Requirement*** | **X** |
| **SECTION 3 – INDIVIDUAL PLAN OF SERVICE (IPOS)** | | |
| **3.1** | **There is a current, complete and signed IPOS in the record.**<br>2 - *Primary* : Full current plan is present and signed by the consumer or legal guardian if guardianship is in place; *Ancillary* : present or has been reviewed within 30 days of the date it is uploaded in Streamline<br>1 - n/a<br>0 - Current IPOS not completed within 365 days and no documentation providing rationale for delinquent plan development<br>***Source Requirement***<br>*MDHHS PIHP Contract Attachment P.4.4.1.1 Person-Centered Planning Policy & Practice Guideline*<br>*Medicaid Provider Manual (Mental Health and Developmental Disabilities Services (2.1) & Substance Abuse Services (2.2), Medical Necessity Criteria 2.5.B*<br>*CARF (2017) 2.G.4* | **X** |
| ***3.6*** | ***The claimed service was identified in the Individual Plan of Service and/or through Addendum.***<br>*2 - Clear evidence of the claimed service is present in the plan with the correct amount, scope, duration, intensity, frequency and rendering provider*<br>*1 - One element is missing*<br>*0 - More than one element is missing*<br>***Source Requirement***<br>*Medicaid Provider Manual 2.1* | ***X*** |
| **3.25** | **Periodic goal reviews from primary provider are found in record or there is evidence of access/review of this information in the Electronic Health Record (EHR) at the frequency indicated in the plan, not less than once/treatment year.**<br>2 - Periodic review is present in the record or has been reviewed by the provider in the EHR (if single provider) at the frequency as stated<br>1 - Periodic review is present in the record but not at the frequency identified in the plan or reviewed in the EHR but not at the frequency required. Reviewer will compare to date periodic review is made available.<br>0 - No periodic review present<br>***Source Requirement***<br>*KCMHSAS policy 33.01 (Person/Family-Centered Planning Process)*<br>*Medicaid Provider Manual (Mental Health/Substance Abuse Section 2.1)* | **X** |

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| **3.27** | **When a provider is implementing interventions from specific care protocols (seizure, BM, special diet, OT/PT, BTRC approved Behavior Treatment Plan, etc.) there is a current assessment/evaluation and service plan in the record.**<br>2 - Current specific assessment/evaluation and service plan that describes care protocols are in the record and coincides with IPOS<br>1 - Some related documentation regarding care protocols are in the record<br>0 - No documentation/direction regarding care protocols are in the record<br>***Source Requirement***<br>*Medicaid Provider Manual (Mental Health/Substance Abuse Section 2.1)* | **X** |
| **3.31** | **There is evidence that staff are trained when a new IPOS is developed or when there is a change to the IPOS as it relates to the specific service/provider.**<br>*For Aide level staff e.g. CLS, Respite, PC, Family Training, Skill Building, etc.), training includes documentation of:*<br>*-Who was trained*<br>*-Who the trainer was*<br>*-When the staff was trained*<br>2 - Evidence of training for all staff for the IPOS and each update<br>1 - Evidence of training for the initial and annual IPOS but not addendums<br>0 - No evidence of staff training on the IPOS<br>***Source Requirement***<br>*MDHHS/PIHP Contract* | **X** |
| **SECTION 5 – COORDINATION OF CARE** | | |
| **5.1** | **There is documented evidence of ongoing contact between the primary clinician and the ancillary provider.**<br>***NOTE:*** *recommend (not required) that this be a separate Document/log of all contacts For each consumer and kept in consumer record. Score based on messaging in Smartcare, any psych consults that are sent in, CM attendance at psych appointment, primary provider reviewing med reviews in Smartcare through the "Santa Claus" report.*<br>2 - Ongoing documentation of coordination between the primary and ancillary provider is present in the record or demonstrated through supplemental documentation. A consistent and clear mechanism is used to demonstrate coordination<br>1 - Inconsistent evidence of coordination is present, including only form of communication / coordination being receipt of required documentation (Assessment, IPOS, etc.) being in the record, collaborative contacts between the ancillary and primary provider do not occur<br>0 - No documentation of coordination is evident in the record<br>***Source Requirement***<br>*KCMHSAS policy 31.07 (Recovery-Based Services)*<br>*CARF (2017) 2.A.7.a*<br>*CARF (2017) 2.A.7.b*<br>*Medicaid Provider Manual 13.3* | **X** |

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| **SECTION 6 – DOCUMENTATION TO SUPPORT SERVICE PROVIDED** | |
| **6.1 Progress notes show that the frequency and amount of all identified and authorized services are implemented as indicated in the IPOS.**<br>***NOTE:*** *check Smartcare to ensure that all services are provided and billed at the frequency described in the IPOS*<br>2 - Documentation demonstrates that the frequency and amount/duration of contacts is consistent with the IPOS. Credit is also given when there is documentation in the record providing short term justification for a change in the service provision (individual is on vacation, there is a planned break in programming, medical issues/concern, etc.). If the change in the amount and frequency of the service extends for a longer period of time, an addendum is to be completed to change the Individual Plan of Service<br>1 - There is evidence in which services are not consistently provided in accordance with the IPOS, there is no rationale for gaps in service, but overall the services are delivered in accordance with the IPOS<br>0 - Services are not provided in accordance with the IPOS for an extended period of time, there is no documentation of reason of follow-up with the person served.<br>***Source Requirement***<br>*42 CFR 440.230*<br>*MDHHS Protocol C.2.4*<br>*Medicaid Provider Manual 2.1* | **X** |
| **6.2 Documentation in the record supports the date of service submitted on the claim.**<br>2 - Clear evidence of date the service was provided<br>1 - Incorrect date, but it is evident that the service was provided in documentation available in record (i.e., typo error [date off by +/1 day], duplicate dates for the same day of service)<br>Recommendation: date of service is expected to be corrected in the system to match actual date of service; plan of action: needs to be corrected w/in 2 weeks of receipt of aggregate report, otherwise there would be recoupment of funds; comments: check against service billed to ensure other date was not billed; double check to make sure this is not a 15min service, as they can be seen 2x a day (although in this case there should be 2 progress notes in record)<br>0 - Missing documentation<br>***Source Requirement***<br>*MDHHS Provider Manual Section 15.7 Clinical Records*<br>*MDHHS Provider Manual Section 15.1 Record Retention*<br>*SWMBH Operating Policy 12.11.III* | **X** |
| **6.3 Progress notes reflect back to specific goals/objectives implemented in the IPOS.**<br>*Progress notes should refer to goals/objectives and discuss Progress, thus demonstrating the plan of Service is indeed being carried out.*<br>*Progress notes also Include documentation of the Service (i.e., med Review, Psych eval, injections, case management contact by the Psych Services Care Coordinator, etc.).*<br>2 - Focus on goals/objectives and progress toward goals/objectives are documented on all or nearly all progress notes<br>1 - Focus on goals/objectives and progress toward goals/objectives are documented inconsistently or are overly general<br>0 - Little or no documentation of goal/objective status in the progress notes<br>***Source Requirement***<br>*MDHHS PIHP Contract Person-Centered Planning Guidelines*<br>*MDHHS Protocol C.2.4*<br>*SWMBH Operating Policy 12.11.III*<br>*CARF (2017) 2.C.7* | **X** |

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| **6.4 Documentation in the record supports the number of units submitted on the claim with start and stop times as required.**<br>2 - Documentation in the record clearly supports the number of units of service claimed<br>1 - Incorrect number of units claimed (under or over)<br>0 - No start and/or stop time; no evidence or lack of sufficient evidence in the record to support the number of unit(s) of service claimed was/were delivered on this date<br>***Source Requirement***<br>*Medicaid Provider Manual 15.7 Clinical Records*<br>*MDHHS PIHP Reporting Requirements p 19 of 67*<br>*CARF (2017) 2.C.7*<br>*SWMBH Operating Policy 12.11.III* | X |
| **6.5 Specific interventions/activities used by staff are recorded in each progress note.**<br>2 - Documentation in the record clearly supports the number of units of service claimed<br>1 - Incorrect number of units claimed (under or over)<br>0 - No start and/or stop time; no evidence or lack of sufficient evidence in the record to support the number of unit(s) of service claimed was/were delivered on this date<br>***Source Requirement***<br>*MDHHS PIHP Contract Attachment P.4.4.1.1 Person-Centered Planning Policy & Practice Guideline*<br>*SWMBH Operating Policy 12.11.III*<br>*CARF (2017) 2.C.4*<br>*CARF (2017) 2.C.7* | X |
| **6.7 The place of service reported on the claim is supported by documentation in the record.**<br>2 - Used accurate POS code OR code utilized was partially applicable by using code "99" unless a specific code must be utilized as directed by EDIT<br>1 - Place of Service code is partially applicable but incorrect (i.e. used code 12 for service that started at home and some community)<br>0 - Used code that does not apply to actual POS (i.e., used code "12" for services that happened in the community, instead of "99")<br>***Source Requirement***<br>*SWMBH Operating Policy 12.11.III*<br>*EDIT documents 2016* | X |
| **6.9 The service documentation was fully completed, signed and made available in the record within 3 days from date of service or 7 days post receiving dictation. (this includes valid signature by rendering clinician/staff).**<br>2 - Fully completed, signed and made available in the record in a timely manner<br>Comments: support notes are both signed and dated, daily support notes/logs indicate DOS and have initials of all staff that provided the service for all available shifts (signatures do not have to be dated individually) **SPECIALIZED RESIDENTIAL SETTINGS ONLY**<br>1 - Documentation is initialed with no signature log OR signature is illegible<br>0 - No evidence in the record that the documentation of the claimed service was signed by an appropriately credentialed provider of service or dated<br>***Source Requirement***<br>*KCMHSAS Procedure 36.01_01 (Record Access)*<br>*SWMBH Operating Policy 12.11.III* | X |
| **6.12 There is supervision of Behavioral Technicians at a minimum of a 1:10 ratio (one hour of supervision to ten hours of ABA treatment)**<br>2 - Meets minimum requirement of 1:10 ratio<br>1 - Proof of supervision was found but did not meet minimum requirement ratio.<br>0 - No proof of supervision<br>***Source Requirement***<br>*SWMBH Clinical Review Tool* | X |

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| **SECTION 14 - APPLIED BEHAVIORAL ANALYSIS (ABA) SERVICES** | |
| **14.1 The provider treatment plan is individualized based upon the VB-MAPP, ABLLS or AFLS.** | **X** |
| 2 - Evidence of individualization based on VB-MAPP, ABLLS or AFLS | |
| 1 - | |
| 0 - No evidence of individualization based on VB-MAPP, ABLLS or AFLS | |
| ***Source Requirement*** | |
| *SWMBH Clinical Review Tool* | |
| **14.2 Ongoing assessments for customers receiving Applied Behavior Analysis services are completed every six months (VB-MAPP/ABLLS/AFLS).** | **X** |
| 2 - | |
| 1 - | |
| 0 - | |
| ***Source Requirement*** | |
| *SWMBH Clinical Review Tool* | |
| **14.3 Periodic review of the provider IPOS is completed every three months.** | **X** |
| 2 - | |
| 1 - | |
| 0 - | |
| ***Source Requirement*** | |
| *SWMBH Clinical Review Tool* | |
| **14.4 Customer/guardian are utilizing at a minimum of 75% of their service hours identified in the treatment plan.** | **X** |
| 2 - | |
| 1 - | |
| 0 - | |
| ***Source Requirement*** | |
| *SWMBH Clinical Review Tool* | |

# KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
## CLAIMS VERIFICATION / CLINICAL RECORD REVIEW

| SECTION 1 - PRIMARY ASSESSMENT | | Possible | Actual |
|---|---|---|---|
| 1.10 | There is evidence that a qualifying ADOS-2 has been completed within the past year and/or I completed a minimum of once a year. | | |
| 1.11 | Evidence that an ADI-R, or clinical equivalent, has been completed. | | |
| | | N/A | 0 | 0 |

| SECTION 3 – INDIVIDUAL PLAN OF SERVICE (IPOS) | | Possible | Actual |
|---|---|---|---|
| 3.1 | There is a current, complete and signed IPOS in the record. | | |
| *3.6* | *The claimed service was identified in the Individual Plan of Service and/or through Addendum.* | | |
| 3.25 | Periodic goal reviews from primary provider are found in record or there is evidence of access/review of this information in the Electronic Health Record (EHR) at the frequency indicated in the plan, not less than once/treatment year. | | |
| 3.27 | When a provider is implementing interventions from specific care protocols (seizure, BM, special diet, OT/PT, BTRC approved Behavior Treatment Plan, etc.) there is a current assessment/evaluation and service plan in the record. | | |
| 3.31 | There is evidence that staff are trained when a new IPOS is developed or when there is a change to the IPOS as it relates to the specific service/provider. | | |
| | | N/A | 0 | 0 |

| SECTION 5 – COORDINATION OF CARE | | Possible | Actual |
|---|---|---|---|
| 5.1 | There is documented evidence of ongoing contact between the primary clinician and the ancillary provider. | | |
| | | N/A | 0 | 0 |

| SECTION 6 – DOCUMENTATION TO SUPPORT SERVICE PROVIDED | | Possible | Actual |
|---|---|---|---|
| 6.1 | Progress notes show that the frequency and amount of all identified and authorized services are implemented as indicated in the IPOS. | | |
| 6.2 | Documentation in the record supports the date of service submitted on the claim. | | |
| 6.3 | Progress notes reflect back to specific goals/objectives implemented in the IPOS. | | |
| 6.4 | Documentation in the record supports the number of units submitted on the claim with start and stop times as required. | | |
| 6.5 | Specific interventions/activities used by staff are recorded in each progress note. | | |
| 6.7 | The place of service reported on the claim is supported by documentation in the record. | | |
| 6.9 | The service documentation was fully completed, signed and made available in the record within 3 days from date of service or 7 days post receiving dictation. (this includes valid signature by rendering clinician/staff). | | |
| 6.12 | There is supervision of Behavioral Technicians at a minimum of a 1:10 ratio (one hour of supervision to ten hours of ABA treatment) | | |
| | | N/A | 0 | 0 |

| SECTION 14 - APPLIED BEHAVIORAL ANALYSIS (ABA) SERVICES | | Possible | Actual |
|---|---|---|---|
| 14.1 | The provider treatment plan is individualized based upon the VB-MAPP, ABLLS or AFLS. | | |
| 14.2 | Ongoing assessments for customers receiving Applied Behavior Analysis services are completed every six months (VB-MAPP/ABLLS/AFLS). | | |
| 14.3 | Periodic review of the provider IPOS is completed every three months. | | |
| 14.4 | Customer/guardian are utilizing at a minimum of 75% of their service hours identified in the treatment plan. | | |
| | | N/A | 0 | 0 |

**Total Recoupment:**

| | |
|---|---|
| Medicaid | $0.00 |
| General Fund | $0.00 |
| SAMHSA | $0.00 |

| OVERALL COMPLIANCE | Possible | Actual | % |
|---|---|---|---|
| SECTION 1 - PRIMARY ASSESSMENT | 0 | 0 | N/A |
| SECTION 3 – INDIVIDUAL PLAN OF SERVICE (IPOS) | 0 | 0 | N/A |
| SECTION 5 – COORDINATION OF CARE | 0 | 0 | N/A |

| | | | |
|---|---|---|---|
| *SECTION 6 – DOCUMENTATION TO SUPPORT SERVICE PROVIDED* | *0* | *0* | *N/A* |
| *SECTION 14 - APPLIED BEHAVIORAL ANALYSIS (ABA) SERVICES* | *0* | *0* | *N/A* |
| *OVERALL SCORE* | *0* | *0* | *N/A* |

*0* ***cases reviewed***

*0* ***requests for a Master Level, Licensed Clinician to conduct an additional review to determine if the individual is receiving the appropriate level of care/services.***