

CERTIFICATION & POST PAYMENT REVIEWS (pdf)

1. Certification application asks for specific staff names. If a staff person leaves what happens? Do you have to be re-certified?

Answer: No. The reason for the list of staff names is to assure at the time of certification that your agency meets the Rule staffing requirements. Staffing rosters/credentials will be requested during reviews to assure that you continue to meet staffing requirements.

2. Rule 132 reads: "...The written UR plan shall address: Procedures describing the method for selecting cases for quarterly case review and the procedures for reviewing 10 percent of the clients served under this Part annually;" How is the "10% of the clients served under this "Part" defined - as 10% of the Medicaid clients served, 10% of all DHS clients served or 10% of some other client population?

Answer: "Part" refers to Rule 132. Client, per 59 IAC 132.25 is defined as "An individual who is Medicaid-eligible and is receiving Medicaid community mental health services."

3. We will soon launch a new project in which we will provide services on site at a children's primary care clinic. The clinic is Medicaid-certified to provide primary care services to children, but is not an FQHC. We will be functioning as a contracted provider of the Clinic to provide mental health services. 1) Can we bill DHS for services that we provide using the appropriate location code to indicate the services are being provided at this site? 2) Do we need to have this site certified under the requirements of Rule 132?

Answer: The site must be certified under 132 as one of your sites if your staff have an office and routinely work from this site to provide 132 services. If the clinic is paying you as a contracted provider to do the mental health service, then you may not also claim for those same services.

4. If we are billing at two sites, do we need both of them to be deemed Medicaid eligible if one is the normal site from which services are being provided?

Answer: All sites at which your staff routinely work and provide services must be certified sites for your agency.

5. Our agency is in the process of moving an office to a new location. I am not familiar with the process that needs to happen in order to transfer the certificate. Could you provide some guidance on the process?

Answer: Establishing a new site must be done with the certifying state agency. It is not a transfer of certificate, it is just getting a new site certified. You may not submit bills for services provided at that site until you complete the certification process. (2/22/11)

6. If we are planning to be on-site regularly at the primary care clinic, can we begin that relationship and bill the service as off-site until we get the site certified.

Answer: No. Any location that is a regular place for service delivery must be a certified site and services must be billed as onsite. (2/22/11)

7. I am trying to find out if the state is certifying additional agencies to be Medicaid certified to provide Rule 132 services. Although I find the rule online, I don't see an answer to that question.

Answer: Rule 132 requires that in order to become certified, a provider must have a contract with a certifying state agency to provide mental health services. If you have such a contract, you should contact the agency with which you have that contract and discuss certification with them. (3/1/12)

8. Does a Rule 132 provider need to be certified for any service other than Crisis Services if that's all they intend to provide?

Answer: Rule 132 (132.27(a)) specifies that "a provider shall, at a minimum, directly provide mental health assessment, ITP development, review and modification and at least one

additional Part 132 mental health service.” Therefore, yes, a provider must be certified to provide at least MHA and ITP development, review and modification in addition to crisis services.
(6/1/13)