

**MEDICAID COMMUNITY MENTAL HEALTH SERVICES PROGRAM
DEEMED STATUS
GUIDELINES, INSTRUCTIONS AND CHECKLIST**

Provider: _____

Date of Review: _____ Type of Review (Check One): Full Review 90 Day Review 60 Day Review Focused Review*
 Certifying Agency: DHS DCFS DOC

Individual Clinical Records Reviewed (Initials & Provider record #):

1)_____	8)_____	15)_____
2)_____	9)_____	16)_____
3)_____	10)_____	17)_____
4)_____	11)_____	18)_____
5)_____	12)_____	19)_____
6)_____	13)_____	20)_____
7)_____	14)_____	

Reviewer(s): _____

Legend: F = Full Compliance
 S = Substantial Compliance
 N = Non-Compliant
 U = Standard or issue is not applicable
 Pts = Points awarded for level of compliance
 Tot = Total points possible for full compliance
 *Focused Review - follow-up review to determine implementation of Plan of Correction.

M = Minimal Compliance

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.70 Personnel and Administrative Recordkeeping									
	c) A provider certified or funded by DHS shall not employ a person in any capacity until the provider has inquired of the Department of Public Health as to information in the Health Care Worker Registry concerning the person. If the Registry has information substantiating a finding of abuse or neglect against the person, the provider shall not employ him or her in any capacity.	I: When reviewing a provider funded by DHS for Part 132 services, DCFS and DOC will verify compliance with this standard. Select 10 staff names. Review each of their personnel files for evidence of having checked with the Healthcare Worker Registry and not found any substantiated charge of abuse or neglect.							1
	d) Each provider shall develop, implement and maintain a plan for clinical supervision of QMHPs, MHPs and RSAs who perform Part 132 services. Supervision must be documented in a written record. Supervision of staff as noted in this subsection must be for a minimum of one hour per month through face-to-face, teleconference or videoconference. 1. QMHPs must be supervised by an LPHA. 2. MHPs and RSAs must be supervised by, at a minimum, a QMHP. 3. LPHAs are not required to have clinical supervision under this Section.	I: Ask to see the written plan. Clarified requirement as of 7/1/08							1
		G: Group supervision is permitted. I: Review 10 staff records previously selected and verify that the non-licensed staff have received 1 hour documented supervision per month.							3
Section 132.80 Fiscal Requirements									
	a) Providers shall have a formal accrual accounting system in accordance with any generally accepted accounting principles (GAAP).	I: Ask provider for copy of the current independent audit or evidence of an extension if applicable and a previous audit. There should be a statement that the accounting system is in accordance with GAAP. If no audit or no extension and previous audit, provider is noncompliant.							1
	b) The provider shall submit to the Certifying State Agency within 180 days after the end of the State fiscal year the State of Illinois Consolidated Financial Report, unless the State agency extends the time-frame for a provider.	I: DHS - Office of Contract Administration (217/524-5531) will provide information on compliance to reviewers. DCFS - Provider must demonstrate that CFR has been submitted. DOC - Department CFO will provide information on compliance to reviewers.							1

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.80 Fiscal Requirements									
	c) The provider shall comply with the requirements governing audits, false reporting and other fraudulent activities pursuant to 89 Ill. Adm. Code 140.30 and 140.35 for services provided to Medicaid-eligible clients.	G: Compliance determined by HFS. No points awarded here.							
	d) Billings for services rendered under the Medicaid community mental health services program shall be submitted only by the provider of the service and only to the public payer with which the provider has contracted for the service.	G: Manner of billing is specified in state agency contract. No points awarded here.							
	e) The provider shall determine if there are any third party payers liable for treatment costs incurred by a client and shall follow procedures for seeking payment from these parties and for calculating subsequent Medicaid charges as outlined in 89 Ill. Adm. Code 140. A third party payer is any entity, other than the client or public payer, with an obligation to the client to pay for services defined in this Part.	G: Provider must have procedure for checking on Third Party Liability for each client for whom Part 132 services are billed.							1
Section 132.85 Recordkeeping									
	c) Required records shall be readily available for inspection, audit and copying during normal business hours by personnel representing the Certifying State Agency, the public payer, HFS, or the Centers for Medicare and Medicaid Services (CMMS), U.S. Department of Health and Human Services. Reviewing personnel shall make all attempts to examine such records without interfering with the professional activities of the provider.	I: If the provider is unable or unwilling to produce any required record (not pieces of a record), citation will be made here.							1
	d) The compilation and storage of and accessibility to client information and clinical records shall be governed by written policies and procedures, in accordance with the Confidentiality Act and HIPAA.	G: Provider must have written policy and procedures for client record confidentiality that conform with the Confidentiality Act and HIPAA.							1

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.85 Recordkeeping									
	<p>f) Electronic signature or computer-generated signature codes are acceptable as authentication of record content.</p> <p>1) In order for a provider to employ electronic signatures or computer-generated signature codes for authentication purposes, the provider shall adopt a policy that permits authentication by electronic or computer-generated signature.</p> <p>2) At a minimum, the policy shall include adequate safeguards to ensure confidentiality of the codes, including, but not limited to, the following:</p> <p>A) Each user shall be assigned a unique identifier that is generated through a confidential access code.</p> <p>B) The provider shall certify in writing that each identifier is kept strictly confidential. This certification shall include a commitment to terminate a user's use of a particular identifier if it is found that the identifier has been misused. "Misused" shall mean that the user has allowed another person or persons to use his or her personally assigned identifier or that the identifier has otherwise been inappropriately used.</p> <p>C) The user shall certify in writing that he or she is the only person with user access to the identifier and the only person authorized to use the signature code.</p> <p>D) The provider shall monitor the use of identifiers periodically and take corrective action as needed. The process by which the provider will conduct monitoring shall be described in the policy.</p>	<p>G: If the provider uses electronic signature or computer-generated signature codes, the provider shall have a written policy to ensure confidentiality of the codes.</p> <p>G: Each user of an electronic signature shall certify in writing that he or she is the only person having access to his or her assigned code.</p> <p>I: Compliance will be determined through review of originally selected 10 staff records. (See 132.70)</p>							1
	<p>3) A system employing the use of electronic signatures or computer-generated signature codes for authentication shall include a verification process to ensure that the content of authenticated entries is accurate. The verification process shall include, at a minimum, the following provisions:</p> <p>A) The system shall require completion of certain designated fields for each type of document before the document may be authenticated, with no blanks, gaps or obvious contradictory statements appearing within those designated fields. The system shall also require that correction or supplementation of previously authenticated entries shall be made by additional entries, separately authenticated and made subsequent in time to the original entry.</p>	<p>G: The provider shall review the use of codes periodically as defined by their policy to assure proper use.</p> <p>G: The system shall have a process that allows the user to verify the content of the entry is accurate.</p>							1

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot	
			Section 132.85 Recordkeeping							
	f)3) B) The system shall make an opportunity available to the user to verify that the document is accurate and the signature has been properly recorded. C) The provider shall periodically sample records generated by the system to verify the accuracy and integrity of the system.									<i>score above</i>
	4) Each report generated by a user shall be separately authenticated.	G: Citation for violation of this standard will be made under each service when it is determined that notes, mental health assessment report or treatment plan are not properly signed.								
Section 132.90 Provider Sites										
	For the purpose of this Part, provider sites are discrete locations, other than a licensed foster family home, that are owned or leased by the provider for the purpose of providing Medicaid community mental health services.	G: A site includes any site that is not considered off-site per the definition in 132.25 - "Locations other than provider sites as described in this Part where community mental health services are provided and require the staff to travel from their usual office base in order to deliver the service. A place of residence that is owned or operated by a provider and occupied by a client will be consider an off-site location unless there is an office on-site that is the usual office base of the staff delivering the service." G: Safe storage of medications will be reviewed under 132.150(d).								
	a) The provider shall use sites deemed accessible in accordance with the Americans with Disabilities Act of 1990 (42 USC 12101 et. seq.). "Accessibility" is determined by the extent to which the provider has adapted sites where services are provided to render its parking lot, entrances, hallway and physical facilities (lavatories, drinking fountains, ramps, etc.) available to persons with disabilities as well as the provider's arrangement to provide services to otherwise eligible clients for whom their site is inaccessible. The Certifying State Agency may waive or require specific accommodations to meet the needs of clients served at a particular site.	G: If any on-site services are provided, the provider must have within its own service location(s) at least one site that is accessible at which a client can receive any service the provider is certified to provide. I: A letter from a licensed architect stating that a site is ADA compliant will suffice. I: If the sites have been adapted so that their parking lots, entrances, hallways and physical facilities such as lavatories, drinking fountains and ramps are available to persons with disabilities, the site(s) will be considered accessible.								1

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.90 Provider Sites									
	<p>b) Provider sites shall be in compliance with approved State and local ordinances and codes relating to fire, building and sanitation, and health and safety requirements as follows:</p> <p>1) Fire safety in accordance with the rules of the Office of the State Fire Marshal at 41 Ill. Adm. Code 100.</p> <p>2) Building requirements shall be in compliance with the uniform or national building code adopted by the local or county ordinance. Documentation may include a written statement from an electrician or licensed architect stating that the site is in compliance with applicable electrical codes and a written statement from a licensed plumber or licensed architect stating that the site is in compliance with applicable plumbing codes.</p>	<p>G: For all sites, the provider must have a copy of a clearance letter, less than 12 months old, from the OSFM or from local fire authority noting compliance with NFPA 101, Life Safety Code. If the provider is certified by DHS, the clearance must come from the OSFM.</p> <p>I: Fire clearance letters are reviewed every 3 years during the full certification review.</p> <p>G: For initial certification, the provider must have a letter, less than 12 months old, from a licensed plumber or a licensed architect indicating compliance with applicable codes and ordinances.</p> <p>G: For initial certification, the provider must have a letter, less than 12 months old, from an electrician or a licensed architect indicating compliance with applicable codes and ordinances.</p> <p>I: The letters must be dated, signed, on letterhead, contain the license number of the plumber or architect, and specify the site address(es).</p> <p>G: For recertification, the provider must have a written and signed statement from the executive director or equivalent that there have been no significant changes to the plumbing or electrical systems since the site(s) were last certified. If changes have been made, there must be new letters as detailed above for the affected site(s).</p> <p>I: Same requirements as above.</p>							1
	<p>c) To ensure the sanitation, health and safety of the sites, the provider shall:</p> <p>1) Have written policies and procedures for the provision of housekeeping services at the sites.</p>	<p>G: Policies and procedures will be kept at site(s) for which they were developed.</p> <p>I: All sites must have policies and procedures to obtain point.</p>							1
	<p>2) Develop and maintain a written external and internal emergency disaster plan, including a fire evacuation plan. External disasters include such occurrences as tornados, earthquakes and floods. Internal disasters include such occurrences as fire and heating and cooling systems failures.</p>	<p>I: All sites must have policies and procedures to obtain point.</p>							1

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.90 Provider Sites									
	c) 3) Designate space, equipment, and furnishings for the provision of services which shall be conducive to privacy, comfort and safety. This includes such aspects as child size furniture in children's programs, rooms sufficiently large to accommodate groups or families, and doors that close to afford privacy.	I: Review may include walk through of sites. I: All sites must have policies and procedures to obtain point.							1
Section 132.91 Accreditation									
	c) Demonstration of current accreditation status shall be achieved by submission of a certificate of accreditation and the most recent accreditation report by the provider to the Certifying State Agency. d) If the provider's accreditation status changes for any reason, the provider shall notify the Certifying State Agency of that change within 30 days after the effective date of the change. A provider who fails to notify the Certifying State Agency of a change in accreditation may have its certification revoked pursuant to Section 132.50.	G: DHS requires accreditation and compliance with this standard per contract. Point not applicable. G: DCFS: Compliance with this standard is used to determine application of deemed status. Point not applicable.							
Section 132.95 Utilization Review									
	The provider shall have a written utilization review (UR) plan and ongoing activities to assess the appropriateness of Medicaid community mental health services, intensity/level of services, and continued services for the client. Such services may be subject to utilization management parameters established by the public payer. These parameters may include, but not be limited to, the volume of service delivered to a single client over a fixed period of time or significant changes in volume of service billed by a specific provider. The written UR plan shall address:	I: Review UR reports for 10 clients to verify implementation of the UR plan. G: The written UR plan must include that the provider will assess the appropriateness of services, the intensity/level of services and the need for continued services and specifically include all items specified in 132.95a) - h). G: Evidence of on-going UR activities may include UR reports and minutes of Board meetings indicating review of UR activities. I: Verify credentials of the QMHP that does the reviews or chairs the committee. G: The written UR plan must describe how at least 10% of the records for which reporting is done pursuant to this Part will be reviewed on an annual basis. G: If a projected number is used, projection may need to be changed based on actual number to achieve 10% review.							1
		G: Record review will be used to determine that the reviews have included assessment of the appropriateness of services, the intensity/level of services and the need for continued services.							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.95 Utilization Review									
	b) The authority and functions of the individual case review designated unit, which may be: 1) A representative committee, chaired by a QMHP, and including QMHPs, MHPs, and RSAs; or 2) A QMHP;	G: Scored above							
	c) Procedures describing the method for selecting cases for quarterly case review and the procedures for reviewing 10 per cent of the clients served under this Part annually;	I: Verify that 10% of the records of the individuals for whom bills have been submitted pursuant to this Part were included in the UR review. I: Verify that reviews are done quarterly.							3
	g) Provisions for ensuring confidentiality of individual case reviews, determinations, results and/or recommendations in accordance with the Confidentiality Act and HIPAA; and	Scored above.							
Section 132.100 Clinical Records									
	i) Documentation to support services provided for which reimbursement is claimed shall be in the format specified by the public payer, shall be legible and shall include, but not limited to, the following elements:	G: Documentation must be legible. I: Handwriting must be able to be read by someone other than the author. G: Documentation to support service provision is determined under each service.							3
	1) The specific service, including whether the service was rendered in a group, individual or family setting and a note in the periodic report indicating the specific Part 132 mental health services billed by name or code;	G: Specific service means detail including group, individual and family. G: The record must include a note in the required format that includes the specific Part 132 mental health service(s) billed by name or code.							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.100 Clinical Records						
	i) 2) The date the service was provided;	G: The clinical record must contain a note in the required format that indicates the date the service was provided.							3
	3) The start time and duration for each service.	G: When monthly or weekly summary notes are allowed, starting date and ending date or indication of which month is being described is acceptable. G: When shift summaries are allowed, the start and end times, or the start time and duration may be indicated by naming the shift, as long as there is a reference document (e.g., a schedule) showing the times that are represented by that particular shift.							3
	4) The name and credential of the staff providing the service;	G: Signature and credential(s) of staff providing service must be on note.							3
	5) The specific provider site or off-site location where services were rendered; and	G: The record must reflect on-site vs off-site service. G: The record must include the specific location in which service was provided, both off-site and on-site.							3
	6) Written documentation describing the interaction that occurred during service delivery, including the client's response to the clinical interventions and progress toward attainment of the goals in the ITP.	G: The record must describe the provision of the specific mental health service (intervention) provided and the client's response to that service (intervention). G: The record must also describe the client's progress toward attainment of the goal(s) in the ITP as a result of the provision of that service (intervention).							3
	j) ITP reviews describing the client's overall progress;	I: The requirements for reviewing the client's ITP are evaluated in Section 132.148(c)(5).							

--	--	--	--	--	--	--	--	--	--

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.142 Clients' Rights						
	To assure that a client's rights are protected and that all services provided to clients comply with the law, providers shall ensure that:								
	<p>a) A client's rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5].</p> <p>b) The right of a client to confidentiality shall be governed by the Confidentiality Act and the Health Insurance Portability and Accountability Act of 1996.</p>	<p>G: If the written document(s) does not specifically reference Chapter 2, all the rights enumerated in Chapter 2 must be included in the document(s).</p> <p>G: The written document(s) must specifically reference the Confidentiality Act [740 ILCS 110] and HIPAA (45 CFR 160 and 164).</p> <p>G: The written document(s) must specifically reference components of Section 132.142(d).</p> <p>G: This point is for having a compliant document(s).</p>							1
		<p>I: When reviewing the client record, look at notes which indicate discussion of the case with other people. There must be signed releases for anyone other than the guardian or parent of children</p> <p>G: There can be no full names of other clients in the identified client's record (except for family).</p> <p>G: These points are for implementation of the standard.</p> <p>I: For DCFS clients this applies to Section VI, Child Specific Section of the case record per Administrative Procedure 5.</p> <p>G: If the case has not been discussed with people other than the guardian/parent of children, and if there are no full names of other clients found in the record, this standard becomes not applicable for that record.</p>							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS						F	S	M	N	U	Pts	Tot
Section 132.142 Clients' Rights														
	c) Justification for restriction of a client's rights under the statutes cited in subsections (a) and (b) shall be documented in the client's clinical record. In addition, the client affected by such restriction, his or her parent or guardian and any agency designated by the client pursuant to subsection (d)(2) shall be notified of the restriction.	<p>G: If any of the client rights have been restricted, there must be evidence of notification sent to the appropriate entities.</p> <p>G: If any rights have been restricted, the clinical record must contain documentation of the reason why.</p>												3
	<p>d) Staff shall inform the client <u>prior to evaluation</u> services of the following:</p> <ol style="list-style-type: none"> 1) The rights in accordance with subsections (a), (b) and (c); 2) The right to contact the Guardianship and Advocacy Commission and Equip for Equality, Inc. Staff shall offer assistance to a client in contacting these groups, giving each client the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc.; 3) The right to be free from abuse, neglect and exploitation; 4) The right to be provided mental health services in the least restrictive setting; 5) The right or the guardian's right to present grievances up to and including the provider's executive director or comparable position. The client or guardian will be informed on how his or her grievances will be handled at the provider level. A record of such grievances and the response to those grievances shall be maintained by the provider. The executive director's decision on the grievance shall constitute a final administrative decision (except when such decisions are reviewable by the provider's governing board, in which case the governing board's decision is the final authority at the provider level); 6) The right not to be denied, suspended or terminated from services or have services reduced for exercising any rights; and 7) The right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances. 	<p>G: There must be written evidence that these rights were explained prior to evaluation services.</p> <p>I: Compare date of staff statement in (e) below to date on note of first meeting for service needs evaluation or Admission Note.</p> <p>I: Document content is scored under first section of 132.142(a) & (b).</p> <p>G: Scoring here is for timeliness of staff explanation of rights.</p>												3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.142 Clients' Rights						
	e) The information in subsection (d) shall be explained using language or a method of communication that the client understands and documentation of such explanation shall be placed in the clinical record.	G: There must be a signed and dated statement by the staff person who explained the rights in (d) to the client attesting to having explained them and to his or her belief that they were understood. G: The statement must be in each client's record.							3
Section 132.145 General Provisions									
	A provider shall comply with the following:								
	a) A provider shall, at a minimum, directly provide mental health assessment, ITP development, review, and modification (see Section 132.148(c)) and at least one additional Part 132 mental health service. Directly provided means that the QMHP and LPHA who signed the mental health assessment and ITP are employed by or contractual employees of the provider. The public payer may waive the requirement of at least one additional Part 132 mental health service if it deems that such waiver increases the availability of mental health services to Medicaid-eligible clients.	G: Someone employed by, or on contract with, the provider must provide at least one other service. I: If not, there must be a written waiver from the state agency. G: Being certified for a service does not indicate provision of the service.							1
	b) A provider may subcontract for services authorized by this Part. All subcontractors must be certified to participate in the Illinois Medical Assistance program and enrolled as a provider with HFS. There shall be a written agreement between the provider and the subcontractor that defines their contractual agreement and assures the subcontractor's compliance with applicable service provisions of Subpart C. All subcontracts must be approved by and on file with the State agency and, when applicable, the public payer. For purposes of this subsection, a contractual employee or an individual on contract is not considered to be a subcontractor.	I: Ask the provider if they provide any services on a subcontractual basis under this Part. If yes, ask to see state agency approval of such arrangement(s).							1

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.145 General Provisions									
	c) Unless specified otherwise, services under this Part shall be provided to clients with a diagnosis of mental illness as defined in Section 132.25 and whose level of role functioning, in the absence of treatment or medication, is impaired. The provision of mental health services is expected to result in an improvement or prevention of regression in the client's existing condition.	I: The requirements for assessment and diagnosis are evaluated Sections 132.148a)3) and 132.148c)3).							
	d) Consent 1) Prior to the initiation of mental health services, the provider shall obtain written or oral consent from the client and the client's parent or guardian, as applicable. 2) Consent must be given by the parent or guardian for a child under 12 years of age, except a child 12 through 17 years of age can consent to treatment for 5 outpatient sessions of no more than 45 minutes in duration. 3) If the client is determined to be in need of crisis intervention services, or if the assessment is court-ordered for the client, consent is not required. 4) Legally competent adults who participate in treatment services are deemed to have consented. 5) Oral consent shall also be documented in the record.	G: There must be evidence of consent for services by the guardian of an adult adjudicated disabled. G: Consent must be given by the guardian for a child under 12. G: A child 12 through 17 can consent to treatment for 5 sessions (405 ILCS 5/3-501(a)). Additional treatment must also have consent from the parent/guardian in addition to the child. G: A person 18 years of age or older is considered an adult.							3
	e) An LPHA shall provide the clinical direction and recommend medically necessary services as documented by his or her dated signature on the mental health assessment.	G: The mental health assessment report must be signed and dated by the LPHA whose signature indicates medical necessity. If not dated, provider is noncompliant with this standard indicating medical necessity.							9
	e)and ITP.	G: The ITP must be signed and dated by the LPHA.							9

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS						Pts	Tot
		F	S	M	N	U			
Section 132.148 Evaluation and Planning									
	a) Mental health assessment is a formal process of gathering information regarding a client's mental and physical status and presenting problems through face-to-face, video conference or telephone contact with the client and collaterals, resulting in the identification of the client's mental health service needs and recommendations for service delivery. A diagnosis of mental illness is not required prior to beginning a mental health assessment.								
	1) A mental health assessment is required prior to the development and implementation of an ITP. A mental health assessment is not required prior to the initiation of crisis services described in Section 132.150(b) and case management services described in Section 132.165(a)(1).	G: Crisis services and case management services in the 30 days immediately preceding the dated signature of the LPHA on the MH assessment report may be provided prior to the completion of the mental health assessment report or, if applicable, an Admission Note. G: The mental health assessment is complete when the report is signed and dated by the LPHA.							3
	2) The provider shall complete a mental health assessment report within 30 days after the first face-to-face contact. When a client is hospitalized for crisis services, the first face-to-face contact shall be the initial contact following discharge from the hospital.	G: The first face-to-face contact is considered the first face-to-face contact for the purpose of initiating Rule 132 services. G: If more than 30 days elapse between the first face-to-face contact and the completion of the mental health assessment report, the provider must document that the consumer stopped the process of initiating services, e.g., repeatedly cancelled appointments, repeatedly failed to appear for appointments, moved and left no contact information.							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.148 Evaluation and Planning									
	<p>a) 3) A written mental health assessment report shall be a compilation of the following:</p> <p>A) Identifying information: name, gender, date of birth, primary method of communication;</p> <p>B) Extent, nature, and severity of presenting problems;</p> <p>C) DSM-IV or ICD-9-CM diagnosis;</p> <p>D) Family history, including the history of mental illness in the family;</p> <p>E) Mental status evaluation, including, at a minimum, attention, memory, information, attitudes, perceptual disturbances, thought content, speech, affect, suicidal or homicidal ideation, and an estimation of the ability and willingness to participate in treatment;</p> <p>F) Client preferences relating to services and desired treatment outcomes;</p> <p>G) Personal history, including mental illness and mental health treatment;</p> <p>H) History of abuse/trauma (childhood sexual or physical abuse, intimate partner violence, sexual assault or other forms of interpersonal violence);</p> <p>I) Present level of functioning, including social adjustment and daily living skills;</p> <p>J) Legal history and status, including guardianship and current court involvement;</p> <p>K) Assessment of risk, including the identification of factors that may endanger either the client or the client's family and other immediate threats to the client's personal safety (e.g., gang involvement, domestic violence, elder abuse);</p>	<p>G: For each group below, there must be evidence that each area was addressed.</p> <p>G: (H), (J), (K), (M), (O), (P) and (Q) are the only areas in which "none" may be indicated when there is no history. This does not mean that these areas do not have to be assessed, only that the outcome of the assessment may be "none".</p> <p>I: For each group below, blank areas will be considered noncompliant.</p>							

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.148 Evaluation and Planning						
	a)3) L) Education, specialized training, and vocational skills; M) Employment history; N) Interests, activities and hobbies; O) History of current alcohol or other substance use, abuse or dependence; P) Name and contact information of the client's primary care physician; Q) Previous and current psychotropic medications, including date of most recent psychiatric evaluation; R) General physical health, including date of last physical examination, any known symptoms or complaints, and current medications not noted in subsection a)2)Q), including over the counter medications; S) Resources such as family, community, living arrangements, religion, and personal client strengths; and T) Summary analysis, conclusions and recommendations for specific Part 132 services.								
		G: Sections (B), (C), (E), (F), (I) and (T) are reviewed together here. G: For (T) to be compliant, there must be an analysis of the findings with recommendations for specific 132 services							9
		G: Sections (A), (D), (G), (H), (J), (M) and (O) are reviewed together here.							3
		G: Sections (K), (L), (N), (P), (Q), (R) and (S) are reviewed together here. G: For (Q) and (R) the date estimated by the client is sufficient.							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.148 Evaluation and Planning						
	a) 4) An admission note may be used to initiate services prior to the completion of a mental health assessment for a client who is admitted to a specialized substitute care living arrangement; a residential facility designated by the public payer for the purpose of stabilizing a crisis; or ACT prior to the completion of a comprehensive assessment as required in Section 132.150(i)(2)(A). An Admission Note must be completed within 24 hours after a client's admission and is effective for a maximum of 30 days.	G: If an Admission Note was <u>not</u> used to initiate services for a consumer who is admitted to a specialized substitute care living arrangement; a residential facility designated by the public payer for the purpose of stabilizing a crisis; or ACT, the Mental Health Assessment and the ITP requirements must be met within 24 hours of the initiation of services.							3
	A) The Admission Note is a written report of an initial assessment and treatment plan and shall include the following: i) Identifying information: name, gender, date of birth, primary language or method of communication, date of initiating assessment; ii) Client's current mental health functioning level; iii) Provisional diagnosis; iv) Pertinent history; v) Precautions (e.g., suicidal risk, homicidal risk, flight risk) and special programming to meet the client's needs; vi) Initial treatment plan, including a list of Part 132 services that will be provided and the staff responsible for those services; and vii) Other relevant information.	G: All areas must be addressed. "None" may be indicated for "Precautions" if there are no precautions. "None" may be indicated for "Other relevant information" if there is no additional relevant information to include on the Admission Note. G: ii) Current mental health functioning level must include a description of the client's presenting problem(s). G: iv) Pertinent history must include a description of the client's placement prior to admission. G: vi) The Admission Note must specify the staff responsible for these services.							3
	B) An Admission Note shall be completed by at least an MHP following a face-to-face or video conference meeting with the client.	G: The Admission Note, or another type of notation in the record, must indicate that at least an MHP met with the client face-to-face in order to complete the Admission Note.							3
	C) A QMHP shall be responsible for approving the completed Admission Note as documented by the QMHP's dated signature on the Admission Note.	G: The Admission Note must be signed and dated by the QMHP.							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.148 Evaluation and Planning									
	a) 5) A QMHP who has had, at a minimum, one face-to-face or video conference contact with the client shall be responsible for the completed mental health assessment report as documented by his/her dated signature on the mental health assessment. MHPs may participate in the mental health assessment.	G: The mental health assessment report must be signed and dated by a QMHP who has had at least one face-to-face meeting with the client. G: Face-to-face meeting may be documented by a signed and dated note in the record.							3
	6) The client's family or guardian may participate in the mental health assessment during which the family will be given the opportunity to provide pertinent information or support. Participation by the family and other interested persons must be in accordance with the Confidentiality Act and HIPAA.	I: If the family or other interested persons has participated in the mental health assessment, verify that needed releases are in place. [A release is not necessary for anyone who is a guardian for the client.]							3
	7) The mental health assessment report shall be reviewed and approved by the LPHA as documented by the LPHA's dated signature on the mental health assessment. The LPHA shall determine in writing if any additional evaluations are required to assess the client's functioning or service needs.	I: Do not cite lack of LPHA signature here - It is cited under 132.145(e). G: The determination must be in writing and may be in any part of the record.							3
	8) The mental health assessment shall be updated annually by the QMHP who has, at a minimum, one face-to-face contact with the client prior to the completion of the updated mental health assessment. The annual update must occur within 12 months after the LPHA's signature on the mental health assessment report or previous update. The QMHP shall be responsible for the completed update as documented by his or her dated signature on the updated mental health assessment. The LPHA shall review and approve the assessment as documented by the LPHA's dated signature on the updated mental health assessment. MHPs may participate in the mental health assessment update.	G: There must be written documentation signed and dated by the LPHA within 12 months of the LPHA's signature on the MHA report or previous update that indicates the MHA was reviewed. G: The mental health assessment report must be signed and dated by a QMHP who has had at least one face-to-face meeting with the client. Face-to-face meeting may be documented by a signed and dated note in the record.							3
	9) For services initiated by an Admission Note, the provider shall complete a mental health assessment report or a comprehensive assessment for an ACT client within 30 days after the client's admission.	G: If an Admission Note was used to initiate services, the mental health assessment report must be completed within 30 days after the client's admission.							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.148 Evaluation and Planning						
	a) 10) The annual update of the mental health assessment shall minimally include all requirements specified under subsection (a)(2) with the exception of requirements listed under subsections (a)(2)(A), (D), (G) and (H). Providers may include requirements under subsections (a)(2)(A), (D), (G) and (H) as medically necessary and clinically indicated as part of the mental health assessment update. Providers may also indicate “no change” where applicable on the mental health assessment update if there has been no change in status.	G: Sections (B), (C), (E), (F), (I), and (T) are reviewed here. Annual reassessment must include reassessment of each.							9
		G: Sections (J), (K), (L), (M), (N), (O), (P), (Q), (R) and (S) are reviewed here. Annual reassessment must include reassessment of each. G: If there is evidence in the record of a “change”, then “no change” is not an allowable notation.							3
	b) A psychological evaluation , if recommended, shall: 1) Be conducted within 90 days after completion of the ITP and documented by the provider consistent with the Clinical Psychologist Licensing Act [225 ILCS 15] using nationally standardized psychological assessment instruments; a master’s level professional may assist;	I: If a psychological evaluation was done, review the credentials of whoever signs the psychological evaluation to verify that she/he is a licensed clinical psychologist.							3
	2) Be conducted face-to-face or video conference with the client; and	G: If a master’s level professional assists with the psychological assessments, there must also be a face-to-face meeting done by the clinical psychologist.							3
	3) Result in a written report that includes a formulation of problems, tentative diagnosis and recommendations for treatment or services.	I: If any one item is missing, indicate lack of compliance with this standard for that record.							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS						Pts	Tot					
		F	S	M	N	U								
Section 132.148 Evaluation and Planning														
	<p>c) Treatment plan development, review and modification is a process that results in a written ITP, developed with the participation of the client and the client's parent/guardian, as applicable, and is based on the mental health assessment report and any additional evaluations. The ITP is also known as a rehabilitation treatment plan or a recovery treatment plan. Active participation by the client and/or persons of the client's choosing, which may include a parent/guardian, is required for all ITP development, whether it is the initial ITP or subsequent reviews and modifications. In the event that a client or a client's parent/guardian refuses to sign the ITP, the LPHA, QMHP or MHP shall document the reason for refusal and indicate by his or her dated signature on a progress note that the ITP was reviewed with the client and that the client or his or her parent/guardian refused to sign the ITP.</p> <p>1) The initial ITP shall be completed within 45 days after the completion of the mental health assessment as documented by the LPHA's dated signature on the ITP. When an Admission Note was completed to initiate services, the ITP shall be developed, following the completion of a mental health assessment, within 30 days after the client's date of admission.</p>	<p>I: Determine the number of days between the date of the LPHA signature on the mental health assessment (MHA) report and the date of the LPHA signature on the ITP. It must be 45 days or less but not prior to the date of the LPHA signature on the MHA report.</p> <p>G: If an Admission Note was used to initiate services, the ITP must be completed within 30 days of the client's admission.</p>												9

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.148 Evaluation and Planning									
	c)1)	<p>G: Active participation by the client/parent/guardian in the development, review and modification of the ITP must be documented. Documentation may be in the form of signed and dated notes in the record or a statement attesting to active participation signed by the parent/guardian.</p> <p>G: If there is no client/parent/guardian signature, there must be evidence in the record that the provider made a good faith effort to get the signature(s) or that the client/parent/guardian refused to sign and the reason for the refusal.</p>							3
	c)1)	G: The MHA report must support the goals in the ITP.							3
	<p>c) 2) A written ITP is a compilation of the following:</p> <p>A) The goals/anticipated outcomes of services;</p> <p>B) Intermediate objectives to achieve the goals;</p> <p>C) The specific Part 132 mental health services to be provided;</p> <p>D) The amount, frequency and duration of Part 132 services to be provided; and</p> <p>E) Staff responsible for delivering services.</p>	<p>G: Specific Part 132 services must be identified in relation to each objective or goal/anticipated outcome.</p> <p>G: Amount means the length of a session (e.g., 1 hour, 30 minutes).</p> <p>Frequency means how often the service will be provided (e.g., 3 times per week, 1 time per month).</p> <p>Duration means for what period of time (e.g. 1 month, 6 weeks) the service will be provided.</p> <p>I: A responsible staff person must be listed by name or in another way that indicates a specific person. A title may be used if it is used by only one person.</p>							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS						Pts	Tot
		F	S	M	N	U			
Section 132.148 Evaluation and Planning									
	c)3) The ITP shall include a definitive diagnosis that has been determined for all five axes in the DSM-IV or the ICD-9-CM. If the diagnosis cannot be determined by the time the ITP is completed or a rule-out diagnosis is given, the client's clinical record must contain documentation as to what evaluations will occur in order to provide a definitive diagnosis in the ITP. A diagnosis shall be determined within 90 days and the ITP shall be modified to reflect the diagnosis, as necessary.	G: If the diagnosis wasn't available at the completion of the ITP, other evaluations needed to provide a definitive diagnosis must be noted in the client record. G: The definitive diagnosis must be determined within 90 days after completion of the ITP. G: The ITP must be modified as necessary based on the definitive diagnosis. G: There must be a full 5 axis diagnosis when using the DSM-IV.							3
	4) Responsibility for development, review and modification of the ITP shall be assumed by a QMHP as documented by his/her dated signature on the ITP. MHPs may participate in the development of the ITP. An LPHA shall provide the clinical direction of mental health services identified in the ITP as documented by his/her dated signature on the ITP.	G: The QMHP's dated signature must be on the ITP. G: An MHP may bill for this service if meeting with the client. There must be documentation that the QMHP or LPHA was present in the team meeting(s) to discuss the ITP. I: Do not cite lack of an LPHA signature here. Cite that under 132.145(e).							3
	5) The LPHA and the QMHP shall review the ITP no less than once every six months to determine if the goals set forth in the ITP are being met and whether each of the services described in the plan has contributed to meeting the stated goals. The ITP shall be modified if it is determined that there has been no measurable reduction of disability or restoration of functional level.	G: Six months is measured from the date of the LPHA signature on the previous plan to the date of the LPHA signature on the next full review. G: The entire plan must be reviewed. G: The review documentation must be signed and dated by the LPHA and the QMHP. G: The modifications to the ITP must be signed and dated by the LPHA and the QMHP. I: The LPHA and QMHP may be the same person if the LPHA is acting as the QMHP.							9

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.148 Evaluation and Planning									
	c) 6) The ITP review shall include continuity of care planning with the client or the client's parent/guardian. The ITP review shall also include an estimated transition or discharge date and identify goals for continuing care.	G: A separate plan is not expected. G: Continuity of care planning means looking forward to client transition to other appropriate services by an estimated date and making plans for how that will be able to happen.							3
	7) The results of crisis assessments, reassessments or additional evaluations after the client's ITP is completed shall be incorporated into a modified ITP, if appropriate, within 30 days.	G: If there are re-assessments or additional evaluations after the ITP is completed, and the ITP has not been modified, there must be documentation to explain why.							3
	8) The provider shall explain to the client and/or persons of the client's choosing, which may include a parent/guardian, as applicable and as evidenced by a signed and dated statement by the provider and the client or parent/guardian, the process for the development, review and modification of the contents of the ITP.	G: Documentation must be in record that the <u>process</u> for the development, review and modification of the contents of the ITP has been explained to the client/parent/guardian and persons of the client's choosing.							3
	9) The ITP and all its revisions shall be signed by the parent or guardian if the client is under 12 years of age. If the client is 12 through 17 years of age, the ITP shall be signed by the client and by the parent/guardian, as applicable, unless the client is an emancipated minor. A client 18 years of age or older or an emancipated minor shall sign the ITP. If the client is 18 years of age or older and has been adjudicated as legally incapable, the ITP shall be signed by the legally appointed guardian.	G: The provider must be able to show a good faith effort in trying to obtain the required signatures. Good faith effort may include fax confirmation and mail receipt confirmation. G: An emancipated minor is treated as an adult.							3

	STANDARD	GUIDELINES & INSTRUCTIONS						Pts	Tot
		F	S	M	N	U			
Section 132.148 Evaluation and Planning									
	c) 10) A copy of the signed ITP shall be given to the client, if not clinically contraindicated, and the client's parent/guardian, as applicable. The ITP and documentation that the signed ITP has been provided to the client or parent/guardian, or proof of clinical contraindication, shall be incorporated into the client's clinical record.								3
	<p>11) Commencement of services</p> <p>A) Mental health services may be provided concurrently with ITP development if:</p> <p>i) The mental health assessment report is completed, signed and dated by the LPHA or the Admission Note is signed and dated by the QMHP;</p> <p>ii) The service is recommended as medically necessary on the completed mental health assessment; and</p> <p>iii) The services provided are included in the completed ITP, signed by an LPHA within the designated time frame.</p> <p>B) If services are provided prior to completion of the ITP, and the client terminates services before the ITP is completed and signed, the provider must complete the ITP and document that the client terminated services and was unavailable to sign the ITP.</p>								3

	STANDARD	GUIDELINES & INSTRUCTIONS						F	S	M	N	U	Pts	Tot
Section 132.150 Mental Health Services														
	<p>a) All services defined in this Section shall be provided and terminated in accordance with the following criteria unless exceptions are noted:</p> <p>1) The services shall be provided:</p> <p>A) Following a mental health assessment or Admission Note, as applicable, and consistent with the client's ITP or Admission Note, as applicable;</p> <p>B) Through face-to-face, video conference or telephone contact;</p> <p>C) To clients and their families, at the client's request or agreement; with groups of clients; or with the client's family as it relates to the primary benefit and well being of the client and when related to an assessed need and goal on the client's ITP; and</p> <p>D) Services may be provided on- or off-site, as indicated under the specific service.</p>	I: This standard will be applied during the review of each service.												
	<p>2) Service termination criteria shall include:</p> <p>A) Determination that the client's acute symptomatology has improved and improvement can be maintained;</p> <p>B) Determination that the client's level of role functioning has significantly deteriorated to a degree where referral or transfer to a more intensive mental health treatment is indicated; or</p> <p>C) Documentation in the client's clinical record that the client terminated participation in the program.</p>	<p>G: If services to the client have been terminated, there must be documentation in the client record of the reason for termination.</p> <p>G: The reason must be one of these.</p> <p>G: This does not apply to clients leaving one Part 132 service and still participating in other Part 132 services.</p>											3	

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS						Pts	Tot	
		F	S	M	N	U				
Section 132.150 Mental Health Services										
	<p>b) Crisis intervention services are activities to stabilize a client in a psychiatric crisis to avoid more restrictive levels of treatment and that have the goal of immediate symptom reduction, stabilization and restoration to a previous level of role functioning. A crisis is defined as a deterioration in the level of role functioning of the client within the past 7 days or an increase in acute symptomatology.</p> <p>1) Crisis intervention services shall be provided to clients who are experiencing a psychiatric crisis and acute symptomatology. For a child or adolescent, a crisis may include events that threaten safety or functioning of the client or extrusion from the family or the community. Children in psychiatric crisis who are believed to be in need of admission to a psychiatric inpatient facility and for whom public payment may be sought, shall be provided with crisis intervention pre-hospitalization screening. The child shall be screened for inpatient psychiatric admission and shall have his or her mental health needs assessed, according to the requirements of the SASS (Screening, Assessment and Support Services) Program (59 Ill. Adm. Code 131).</p> <p>2) Crisis intervention services may be provided prior to a mental health assessment and prior to a mental health diagnosis.</p>	<p>G: The provider's crisis intervention is terminated when the client is hospitalized or is transferred to another setting.</p>								3
	<p>3) Crisis intervention services shall include an immediate preliminary assessment that includes written documentation in the clinical record of presenting symptoms and recommendations for remediation of the crisis. Crisis intervention services may also include, if appropriate, brief and immediate mental health services or referral, linkage and consultation with other mental health services.</p>	<p>G: There must be documentation identifying who is having a crisis, what the crisis is, and what is going to be done about it. If it is not the client, it is not a billable crisis service.</p> <p>I: A crisis episode may be associated with multiple billings, at least 1 of which must include personal contact with the client unless the crisis is the threat of extrusion of a child or adolescent from the family or community.</p>								3
	<p>4) The preliminary assessment shall be incorporated into the mental health assessment and ITP, as applicable.</p>	<p>G: If a client enters the service system through a crisis, the preliminary assessment must be incorporated into the ITP.</p>								3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.150 Mental Health Services						
	b) 5) Crisis intervention services shall be delivered by at least an MHP with access to a QMHP who is available for immediate consultation and clinical supervision.	G: The notes documenting the crisis intervention services must be signed and dated by at least an MHP. If services are provided by an MHP, there must be an on-call list of QMHP(s) available 24 hours/day, 7 days/week.							3
	6) During regular hours of operation, the provider shall be able to provide immediate face-to-face or video conference crisis intervention services. Outside regular hours of operation, the provider shall be able to provide, at a minimum, crisis assessment and referral to mental health services, as necessary.	G: If the provider does not have its own 24-hour response capability, there must be a written agreement with another provider certified under Part 132 for this capability. I: Ask the provider how they respond to a crisis outside normal business hours.							1
	c) Psychotropic medication services 1) Documentation requirements A) If prescribed by a physician or an advanced practice nurse, employed by or on contract with the provider, there shall be evidence that psychotropic medication has been prescribed by the physician or advanced practice nurse per the collaborative agreement that includes physician-delegated prescription authority.	I: If psychotropic medications are prescribed by an advanced practice nurse employed by or on contract to the provider, verify that the nurse's collaborative agreement with a physician authorizes prescribing. G: Section 132.150(c)(1)(A) - (C) requirements apply only when the physician or advanced practice nurse is employed by or is on contract to the provider. G: Provider must have a copy of the collaborative agreement.							3
	B) If a physician is employed by or on contract with the provider, there shall be evidence that psychotropic medication is reviewed at least every 90 days by a physician or advanced practice nurse.	G: There must be a note, describing the review of the psychotropic meds, signed and dated by the physician or advanced practice nurse every 90 days. The client need not be present.							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.150 Mental Health Services									
	<p>c)1) C) Notations shall be made in the client's clinical record regarding psychotropic medication and other types of medication. Notations shall include:</p> <ul style="list-style-type: none"> i) All medication being taken by the client; ii) Current psychotropic medication: name, dosage, frequency and method of administration; iii) Any problems with psychotropic medication administration and activities implemented to address these problems; iv) A statement indicating that the client has been informed of the purpose of the psychotropic medication ordered and the side effects of the medication; and v) Assessment of the client's ability to self-administer medications. 	<p>G: All medications, psychotropic and non-psychotropic, taken by the client, must be listed in the client's record. G: For each psychotropic medication, each element must be noted. For method of administration, if noted as # of tablets, it is presumed to be oral medication. G: If any problems are noted with any of the psychotropic medications, the provider must have documentation of activities implemented to address them. G: There must be a statement for each psychotropic medication taken, by name of the specific medication. A new statement is not needed when a specific medication dosage is being adjusted. G: There must be a statement in the record of the client's ability to self-administer medications. G: In a specialized substitute care living arrangement, there must be a medication log. G: The physician, advanced practice nurse or designated staff is responsible for the conditions stated in Section 132.150(d)(1)(C).</p>							3
	<p>2) Psychotropic and other medication shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security and in accordance with the Department of Public Health's rules at 77 Ill. Adm. Code 300.1640.</p>	<p>G: This condition applies only when medications are stored at a certified site. I: Verify compliance during site inspections.</p>							3
	<p>3) Services shall be provided face-to-face with one exception: Phone consultation is allowed for psychotropic medication monitoring when a client is experiencing adverse symptoms from psychotropic medication, and phone consultation with another professional is necessary.</p>	<p>G: Telephone contact with the client is not acceptable. Telephone contact between professionals is acceptable.</p>							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.150 Mental Health Services						
	<p>c) 4) Psychotropic medication administration A) Psychotropic medication administration consists of preparing the client and the medication for administration, administering psychotropic medications, observing the client for possible adverse reactions, and returning the medication to proper storage.</p>	<p>G: For the purposes of Part 132 services, medication administration relates only to psychotropic medication.</p> <p>G: Drawing blood per a specified protocol (related to psychotropic medication) may be permitted as medication administration.</p>							3
	<p>B) Psychotropic medication shall be administered by personnel licensed to administer medication pursuant to the Nurse Practice Act [225 ILCS 65] or the Medical Practice Act of 1987 [225 ILCS 60].</p>	<p>I: If done by an LPN, check for RN supervision (organizational chart).</p>							3
	<p>5) Psychotropic medication monitoring A) Psychotropic medication monitoring includes observation and evaluation of target symptom response, adverse effects, including tardive dyskinesia screens, and new target symptoms or medication. This may include discussing laboratory results with the client.</p>	<p>G: Telephone contact between professionals is acceptable.</p> <p>G: This does not include watching a client self-administer his/her medications or determining whether a client has taken medication.</p> <p>G: Group psychotropic medication monitoring is not permitted.</p>							3
	<p>B) Psychotropic medication monitoring shall be provided by staff designated in writing by a physician or an advanced practice nurse per the collaborative agreement. The authorized staff shall not provide the service prior to the date of the signature.</p>	<p>G: If a physician, RN or LPN does not do the medication monitoring, the provider must have a written list of staff, by name, authorized to do medication monitoring, signed and dated by the physician or advanced practice nurse. This physician/advanced practice nurse does not have to be the same as the one prescribing the service.</p> <p>I: If the written list of staff is signed by the advanced practice nurse, the collaborative agreement between the physician and the advanced practice nurse must specify the advanced practice nurse has the authority to delegate this responsibility.</p>							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.150 Mental Health Services						
	<p>c) 6) Psychotropic medication training A) Psychotropic medication training includes training the client or the client's family or guardian to administer the client's medication, to monitor proper levels and dosage, and to watch for side effects.</p>	<p>G: Psychotropic medication training can be provided in a group setting. G: Psychotropic medication training is limited to psychotropic medication.</p>							3
	<p>B) Psychotropic medication training shall be provided by staff designated in writing by a physician or an advanced practice nurse per the collaborative agreement.</p>	<p>G: If a physician, RN or LPN does not do the medication training, the provider must have a written list of staff, by name, authorized to do medication training, signed and dated by the physician or advanced practice nurse. The authorized staff may not provide the service prior to the date of the signature. This physician/advanced practice nurse does not have to be the same as the one prescribing the service.</p>							3
	<p>C) Psychotropic medication training shall be provided to clients in the following areas: i) Purpose of taking psychotropic medications; ii) Psychotropic medications, effects, side effects and adverse reactions; iii) Self-administration of medications; iv) Storage and safeguarding of medications; v) Communicating with professionals regarding medication issues; or vi) Communicating with family/caregivers regarding medication issues.</p>	<p>G: When documented, discussions with a client regarding any of these topics pertaining to psychotropic medication are considered medication training.</p>							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS					Pts	Tot
		F	S	M	N	U		
Section 132.150 Mental Health Services								
	<p>d) Therapy/counseling is a treatment modality to promote emotional, cognitive, behavioral or psychological changes as identified in the ITP. Services shall be provided face-to-face, by telephone or videoconference. Therapy/counseling intervention utilizes psychotherapy theory and techniques.</p> <p>1) Therapy/counseling services may be provided to:</p> <p>A) An individual client;</p> <p>B) A group of 2 or more clients; or</p> <p>C) A family, including parents, spouses and siblings (client need not be present).</p>	<p>G: The terms “therapy” and “counseling” can be used interchangeably or jointly.</p> <p>G: Activities of daily living skill training are not billable as therapy/counseling. (See community support - individual services (132.150(i) or psychosocial rehabilitation services (132.150(k).)</p>						3
	2) Therapy/counseling services shall be provided by at least an MHP.	G: All notes must be signed by at least an MHP.						3
	<p>3) Examples of therapy/counseling include:</p> <p>A) Cognitive behavioral therapy;</p> <p>B) Functional family therapy;</p> <p>C) Motivational enhancement therapy;</p> <p>D) Trauma counseling;</p> <p>E) Anger management; and</p> <p>F) Sexual offender treatment.</p>							
	<p>e) Community Support - Individual (CSI)</p> <p>1) Community Support - Individual services are mental health rehabilitation services and supports for children, adolescents, families and adults necessary to assist clients in achieving rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.</p> <p>2) Service Activities and Interventions shall include:</p> <p>A) Coordination and assistance with the identification of individual strengths, resources, preferences and choices;</p> <p>B) Assistance with the identification of existing natural supports for development of a natural support team;</p> <p>C) Assistance with the development of crisis management plans;</p>	<p>G: Natural supports are generally persons identified by the client who are not paid to provide support, e.g., family, friends, pastor.</p> <p>G: Community resources are generally organizations identified and used by the client outside the provider that are also used by persons who are not clients, e.g., church, YMCA, library.</p> <p>G: (2)(A) through (2)(H) are examples of activities and interventions provided in this service and are not all required to be provided to each client.</p>						3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS					Pts	Tot	
		F	S	M	N	U			
Section 132.150 Mental Health Services									
	e)2) D) Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies; E) Support and promotion of client self-advocacy and participation in decision making, treatment and treatment planning; F) Assisting the client to build a natural support team for treatment and recovery; G) Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client; and H) Skill building in order to assist the client in the development of functional, interpersonal, family, coping and community living skills that are negatively impacted by the client's mental illness.							score above	
	3) Program requirements A) CSI services shall be provided face-to-face, by telephone or by video conference. B) A minimum of 60% of all Community Support - Individual services must be delivered in natural settings. This requirement will be monitored in the aggregate for a provider for an identified billing period but will not be required for each individual.	I: From an MIS printout of CSI services provided on-site and off-site, determine that off-site services are at least 60% of the total services provided for the preceding 12 months.							9
	C) CSI services shall occur during times and at locations that reasonably accommodate the client's needs for services in community locations and other natural settings, and at hours that do not interfere with the client's work, educational and other community activities.	G: Points will be deducted when evidence is seen in the file that clients are taken out of natural activities, e.g., work, school, to participate in community support services.							3
	4) Staffing requirements. CSI services shall be delivered by at least an RSA.								3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.150 Mental Health Services									
	<p>f) Community Support - Group (CSG)</p> <p>1) Community Support - Group services consist of mental health rehabilitation services and supports for children, adolescents, families and adults necessary to assist a group of clients to achieve rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions delivered by individuals or multidisciplinary teams that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.</p> <p>2) Service Activities and Interventions shall include those activities and interventions described in subsection (f)(2).</p>	<p>G: Natural supports are generally persons identified by the client who are not paid to provide support, e.g., family, friends, pastor.</p> <p>G: Community resources are generally organizations identified and used by the client outside the provider that are also used by persons who are not clients, e.g., church, YMCA, library.</p> <p>G: 132.150(f)(2) contains the following examples of activities and interventions provided in this service and are not all required to be provided to each client.</p> <p>2) Service Activities and Interventions shall include:</p> <p>A) Coordination and assistance with the identification of individual strengths, resources, preferences and choices;</p> <p>B) Assistance with the identification of existing natural supports for development of a natural support team;</p> <p>C) Assistance with the development of crisis management plans;</p> <p>D) Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies;</p> <p>E) Support and promotion of client self-advocacy and participation in decision making, treatment and treatment planning;</p> <p>F) Assisting the client to build a natural support team for treatment and recovery;</p> <p>G) Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client; and</p> <p>H) Skill building in order to assist the client in the development of functional, interpersonal, family, coping and community living skills that are negatively impacted by the client's mental illness.</p>							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.150 Mental Health Services						
	f)3) Program requirements A) CSG services shall be provided face-to-face in group settings ranging in size from two to fifteen clients; B) A minimum of 60% of all Community Support Group services must be delivered in natural settings. This requirement will be monitored in the aggregate for a provider for an identified billing period but will not be required for each individual client.	G: There must be a roster of clients participating in each group.							3
		I: From an MIS printout of CSG services provided on-site and off-site, determine that off-site services are at least 60% of the total services provided for the preceding 12 months.							9
	C) CSG services shall occur during times and at locations that reasonably accommodate the client's needs for services in community locations and other natural settings, and at hours that do not interfere with the client's work, educational and other community activities.	G: Points will be deducted when evidence is seen in the file that clients are taken out of natural activities, e.g., work, school, to participate in community support services.							3
	4) Staff requirements. CSG services shall be delivered by at least an RSA.								3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.150 Mental Health Services						
	<p>g) Community Support - Residential (CSR)</p> <p>1) Community Support - Residential services consist of mental health rehabilitation services and supports for children, adolescents and adults necessary to assist individuals in achieving rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources for individuals who reside in sites designated by the public payer.</p> <p>2) Service Activities and Interventions shall include those activities and interventions described in subsection (e) and (f).</p>	<p>G: Natural supports are generally persons identified by the client who are not paid to provide support, e.g., family, friends, pastor.</p> <p>G: Community resources are generally organizations identified and used by the client outside the provider that are also used by persons who are not clients, e.g., church, YMCA, library.</p> <p>G: 132.150(f)(2) contains the following examples of activities and interventions provided in this service and are not all required to be provided to each client.</p> <p>2) Service Activities and Interventions shall include:</p> <p>A) Coordination and assistance with the identification of individual strengths, resources, preferences and choices;</p> <p>B) Assistance with the identification of existing natural supports for development of a natural support team;</p> <p>C) Assistance with the development of crisis management plans;</p> <p>D) Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies;</p> <p>E) Support and promotion of client self-advocacy and participation in decision making, treatment and treatment planning;</p> <p>F) Assisting the client to build a natural support team for treatment and recovery;</p> <p>G) Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client; and</p> <p>H) Skill building in order to assist the client in the development of functional, interpersonal, family, coping and community living skills that are negatively impacted by the client's mental illness.</p> <p>G: Observation of client in residence is not a billable activity.</p>							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.150 Mental Health Services						
	<p>g) 3) CSR services shall be provided face-to-face, by telephone or by video conference in group or individual settings.</p> <p>4) Eligibility criteria: Individuals eligible for CSR shall include individuals whose mental health needs require active assistance and support to function independently as developmentally appropriate within home, community, work and/or school settings and who are in public payer designated residential settings.</p>	<p>G: For DCFS, this service is provided in a DCFS approved living arrangement as evidenced by a CFS906 in the client record.</p> <p>G: For DMH, this service may be provided only in CILA (program code 620), 24-hour supervised (program code 830) and crisis (program code 860) residential sites.</p>							3
	<p>5) Staffing requirements CSR services shall be delivered by at least an RSA.</p>								3
	<p>h) Community Support - Team (CST)</p> <p>1) Community Support - Team services consist of mental health rehabilitation services and supports available 24 hours per day and seven days per week for children, adolescents, families and adults to decrease hospitalization and crisis episodes and to increase community functioning in order for the client to achieve rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions delivered by a team that facilitates illness self-management, skill building, identification and use of natural supports, and use of community resources.</p> <p>2) Service Activities and Interventions shall include those activities and interventions described in subsections (e) and (f)(2).</p>	<p>G: Natural supports are generally persons identified by the client who are not paid to provide support, e.g., family, friends, pastor.</p> <p>G: Community resources are generally organizations identified and used by the client outside the provider that are also used by persons who are not clients, e.g., church, YMCA, library.</p> <p>G: 132.150(f)(2) contains the following examples of activities and interventions provided in this service and are not all required to be provided to each client.</p> <p>2) Service Activities and Interventions shall include:</p> <p>A) Coordination and assistance with the identification of individual strengths, resources, preferences and choices;</p> <p>B) Assistance with the identification of existing natural supports for development of a natural support team;</p> <p>C) Assistance with the development of crisis management plans;</p> <p>D) Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies;</p> <p>E) Support and promotion of client self-advocacy and participation in decision making, treatment and</p>							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
					treatment planning; F) Assisting the client to build a natural support team for treatment and recovery; G) Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client; and H) Skill building in order to assist the client in the development of functional, interpersonal, family, coping and community living skills that are negatively impacted by the client's mental illness. G: 24/7 may be demonstrated through written staffing schedules, written interagency/program agreements, notification to clients of crisis alternatives, etc. G: Therapy/counseling is not a separately billable service for clients receiving CST services.				
Section 132.150 Mental Health Services									
	h) 3) Program requirements A) CST services shall be provided face-to-face, by telephone or by video conference to an individual or family member; B) A minimum of 60% of all Community Support Team services must be delivered in natural settings. This requirement will be monitored in the aggregate for a provider for an identified billing period but will not be required for each individual client.	I: From an MIS printout of CST services provided on-site and off-site, determine that off-site services are at least 60% of the total services provided for the preceding 12 months.							9
	C) CST services shall occur during times and at locations that reasonably accommodate the client's needs for services in community locations and other natural settings, and at hours that do not interfere with the client's work, educational and other community activities;	G: Points will be deducted when evidence is seen in the file that clients are taken out of natural activities, e.g., work, school, to participate in community support services.							3
	D) CST shall maintain a client-to-staff ratio of no more than 18 clients per full time equivalent staff;	I: Get a staffing roster listing percent of work time dedicated to CST. Get a list of clients served in CST. Compare to verify that there are no more than 18 clients to 1 FTE staff.							3

Pts U =	Pts =
----------------	--------------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.150 Mental Health Services						
	h)3) E) Documentation shall demonstrate that more than one member of the team is actively engaged in the direct service to the individual.	G: Provider is compliant if at least 2 CST staff have written notes documenting the provision of CST services during the review period.							3
	F) The CST shall conduct organizational staff meetings at least one time per week at regularly scheduled times, according to a schedule established by the team leader.	G: The team leader shall maintain meeting minutes that include participant names, date of meeting and topics of discussion. G: Provider will maintain and share with team members the meeting schedule.							3
	4) Eligibility criteria Individuals eligible for CST services are those who require team-based outreach and support for their moderate to severe mental health symptoms, and who, with such coordinated clinical and rehabilitative support, may access and benefit from a traditional array of psychiatric services. A less intensive service must have been tried and failed or must have been considered and found inappropriate at this time, and the individual must exhibit three or more of the following: A) Multiple and frequent psychiatric inpatient readmissions, including long-term hospitalization; B) Excessive use of crisis/emergency services with failed linkages; C) Chronic homelessness; D) Repeat arrest and re-incarceration; E) History of inadequate follow-through with elements of an ITP related to risk factors, including lack of follow through, taking medications, following a crisis plan, or maintaining housing; F) High use of detoxification services (e.g., 2 or more episodes per year); G) Medication resistance due to intolerable side effects or the individual's illness interfering with consistent self-management of medications; H) Child and/or family behavioral health issues that have not shown improvement in traditional outpatient settings and require coordinated clinical and supportive interventions; I) Because of behavioral health issues, the child or adolescent has shown	G: The client's record will document that at least 3 of the items in this list have been exhibited.						3	

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS						Pts	Tot
		F	S	M	N	U			
	h)4) I) risk of out-of-home placement or is currently in out-of-home placement and reunification is imminent; J) Clinical evidence of suicidal ideation or gesture in the last 3 months;								
Section 132.150 Mental Health Services									
	h)4) K) Ongoing inappropriate public behavior within the last 3 months including public intoxication, indecency, disturbing the peace, etc.; L) Self-harm or threats of harm to others within the last 3 months; or M) Evidence of significant complications such as cognitive impairment, behavioral problems or medical problems. 5) There shall be documentation in the assessment or client record that the individual meets three of the above eligibility criteria.							<i>score above</i>	
	6) Staffing requirements CST services shall be delivered by: A) A team approved by the public payer or its designee; B) A full-time team leader who is at least a QMHP and serves as the clinical and administrative supervisor of the team and also functions as a practicing clinician on the team; C) An RSA or MHP who works under the supervision of the QMHP and who works on the team in sufficient full-time equivalents to meet the required client-to-staff ratio. D) At least one member of the team who is an individual in recovery from mental illness, preferably a Certified Recovery Support specialist (CRSS) or Family Resource Developer (FRD). This staff person is a fully integrated CST member who provides consultation to the team and highly individualized services in the community, and who promotes self-determination and decision making. This requirement will go into effect October 1, 2008 to allow for recruitment and training; and E) No fewer than three full-time equivalent staff meeting the required team components (shall include the team leader) and no more than 6 full-time equivalent staff or 8 different staff.	I: Have provider produce documentation of public payer or designee approval of team. G: On list of CST staff, there must be at least 1 full-time QMHP designated as the team leader. G: Effective Oct. 1, 2008, on list of CST staff, there must be at least 1 team member who is an individual in recovery. Self disclosure is sufficient is documentation. G: There must be CST service notes in the client records signed by the designated QMHP team leader. G: There must be at least 2 other FTE staff designated as members of the team.						3	

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS					Pts	Tot
		F	S	M	N	U		
Section 132.150 Mental Health Services								
	<p>h)7) Service exclusions When a client is receiving CST, CSI and CSR shall not be provided except under the following conditions:</p> <p>A) In accordance with an ITP to facilitate transition to and from CST services; or</p> <p>B) While a client is receiving services in a residential facility designated by the public payer for the purpose of stabilizing a crisis.</p>						3	
	<p>i) Assertive community treatment (ACT)</p> <p>1) ACT is an intensive integrated rehabilitative crisis, treatment and rehabilitative support service for adults (18 years of age and older) provided by an interdisciplinary team to individuals with serious and persistent mental illness or co-occurring mental health and alcohol/substance abuse disorders. The service is intended to promote symptom stability and appropriate use of psychotropic medications as well as restore personal care, community living and social skills.</p> <p>2) Service Activities and Interventions</p> <p>The ACT team shall assume responsibility for assisting the client to achieve improved community functioning, by providing:</p> <p>A) Comprehensive assessment;</p> <p>B) Individualized treatment and recovery planning;</p> <p>C) Service coordination;</p> <p>D) Crisis assessment and intervention;</p> <p>E) Symptom assessment and management;</p> <p>F) Supportive counseling and psychotherapy;</p> <p>G) Medication prescription, administration, monitoring and documentation;</p> <p>H) Dual diagnosis substance abuse services;</p> <p>I) Services that support work and education related recovery goals;</p> <p>J) Activities of daily living including residential supports;</p> <p>K) Social/interpersonal relationship and leisure time skill building;</p>						3	

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS					Pts	Tot	
		F	S	M	N	U			
Section 132.150 Mental Health Services									
	i)2) L) Peer support services; M) Environmental and other support services; and N) Family psychoeducation.							<i>score above</i>	
	3) Program requirements A) ACT shall be provided face-to-face, by telephone or by video conference. B) ACT services shall be available 24 hours per day, seven days per week, with emergency response coverage, including psychiatric coverage. Crisis services shall be available 24 hours per day, seven days per week.	G: All ACT notes must be signed by an ACT team member unless transition is documented. G: Provider must have documentation of on-call coverage 24/7.							3
	C) A minimum of 75 percent of all team contacts shall occur in natural settings.	I: From and MIS printout of ACT services provided on-site and off-site, determine that off-site services are at least 75% of the total services provided for the preceding 12 months.							9
	D) A minimum of three contacts per week shall be provided to most ACT clients and all clients shall receive a minimum of four face-to-face contacts per month.	G: 51% of ACT clients receive 3 or more ACT service incidents/week for the preceding 12 months. G: In records reviewed for clients receiving ACT services, verify that 4 face-to-face contacts have been made for each month in the preceding 12 months.							9
	E) The ACT team shall conduct organizational staff meetings at least four times per week at regularly scheduled times, according to a schedule established by the team leader.	I: Must see a sign-in sheet and meeting notes for each meeting.							1

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS						Pts	Tot
		F	S	M	N	U			
Section 132.150 Mental Health Services									
	<p>i) 4) Eligibility criteria</p> <p>A) Adults who require assertive outreach and support in order to remain connected with necessary mental health and support services and to maintain stable community living and who have not benefitted from traditional services and modes of delivery as evidence by any of the following:</p> <p>i) Multiple and frequent psychiatric inpatient readmissions;</p> <p>ii) Excessive use of crisis/emergency services with failed linkages;</p> <p>iii) Chronic homelessness;</p> <p>iv) Repeat arrests and incarcerations;</p> <p>v) Client has multiple service needs requiring intensive assertive efforts to ensure coordination among systems, services and providers;</p> <p>vi) Client exhibits functional deficits in maintaining treatment continuity, self-management of prescription medication, or independent community living skills; or</p> <p>vii) Client has persistent or severe psychiatric symptoms, serious behavioral difficulties, a mentally ill/substance abuse diagnosis, and/or high relapse rate.</p> <p>B) DHS shall authorize ACT services for eligible individuals.</p>	<p>G: All clients in ACT must have written authorization from DHS for participation in ACT.</p>							3
	<p>5) Staff qualifications</p> <p>A) Each ACT team shall be approved by the public payer or its designee.</p> <p>B) Each ACT team shall consist of a least six full-time equivalent staff. The psychiatrist and program assistant shall not be counted toward meeting the 6 full-time equivalent requirement. All teams are required to minimally consist of:</p> <p>i) A full-time leader who is the clinical and administrative supervisor of the teams and also functions as an ACT clinician. The team leader shall be a licensed clinician.</p> <p>ii) A psychiatrist who works on a full or part-time basis for a minimum of ten hours per week for every 60 enrolled clients. With a waiver by the public payer, an Advanced Practice Nurse</p>	<p>I: Have provider produce documentation of public payer or designee approval of team.</p> <p>G: List of ACT team members must show at least 6 FTE staff in addition to a psychiatrist and program assistant.</p> <p>G: Look for team leader's license in personnel file.</p> <p>G: Look at list of clients enrolled in ACT and verify documentation that psychiatrist works at least 10 hours for every 60 clients on the list.</p> <p>G: If an advance practice nurse substitutes, look for written waiver from DMH or its agent.</p> <p>G: A nurse must be a team member and there must be ACT service notes signed by the nurse as the deliverer of service.</p>							Score below

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
	<p>may substitute for up to half of the psychiatrist's time;</p> <p>i)5)B) iii) A full-time registered nurse who provides services to all ACT team enrollees and who works with the ACT team to monitor each client's clinical status and response to treatment. The registered nurse functions as a primary practitioner on each ACT team for a caseload of clients. Existing ACT providers may use an LPN with two years experience in mental health services as part of an ACT team until July 1, 2007. After that date, a registered nurse is required as a member of the ACT team. New ACT providers shall be required to utilize an RN on all ACT teams.</p> <p>iv) Four full-time staff who work under the supervision of a licensed clinician and function as primary practitioners for a caseload of clients and who provide rehabilitation and support functions; and</p> <p>v) A program/administrative assistant who is responsible for organizing, coordinating and monitoring all non-clinical operations of ACT.</p>								9
Section 132.150 Mental Health Services									
	<p>i)5) C) At least one of the members of the core team shall have special training and certification in substance abuse treatment and/or treating clients with co-occurring mental health and substance abuse disorders.</p>	<p>I: Have team leader indicate which member of the team has special training or certification.</p> <p>G: The team member specified for (B), (C) and (D) may be the same person.</p> <p>G: Evidence of special training OR certification is acceptable.</p>							3

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.150 Mental Health Services						
	i)5) D) At least one of the members of the team shall be an individual in recovery from a mental illness, preferably a Certified Recovery Support Specialist (CRSS). This staff person is a fully integrated ACT team member who provides consultation to the ACT team and highly individualized services in the community, and who promotes self-determination and decision making.	I: Have team leader indicate which member of the team is an individual in recovery. G: Self-disclosure is sufficient documentation. G: The team member specified for (B), (C) and (D) may be the same person.							3
	E) At least one member of the core team shall have special training in rehabilitation counseling, including vocational, work readiness and educational support.	I: Have team leader indicate which member of the team has special training. G: Evidence of training in any vocational area is acceptable.							3
	F) Each team shall be expected to maintain a staff to client ratio of no more than one full time staff per ten clients, which shall not include the psychiatrist and program assistant. As the number of clients increase, ACT teams shall add staff to maintain the required ratio.	G: Each client receiving ACT services must be assigned to a specific team. I: Compare staff team lists and client team lists for each team to determine ratio.							1
	6) Services may be provided following a determination of eligibility for ACT services and may commence prior to the completion of a mental health assessment and the ITP when immediate assistance is needed to obtain food, shelter or clothing.								1
	7) Service exclusions When a client is receiving ACT, other Part 132 services shall not be provided except under the following conditions: A) In accordance with an ITP to facilitate transition to and from ACT services; and B) While a client is admitted to a residential facility designated by the public payer for the purpose of stabilizing a crisis for a maximum of 30 days.	I: If billings indicate service billed in addition to ACT, verify that they were billed in accordance with (A) or (B). G: An ACT identified client may not be provided non-ACT mental health case management services.							1

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS						F	S	M	N	U	Pts	Tot
Section 132.150 Mental Health Services														
	<p>j) Psychosocial Rehabilitation</p> <p>1) Psychosocial rehabilitation services are facility-based rehabilitative skill-building services for adults age 18 and older with serious mental illness or co-occurring psychiatric disabilities and addictions. The focus of treatment interventions includes skill building to facilitate independent living and adaptation, problem solving and coping skills development. The service is intended to assist clients' ability to:</p> <p>A) Live as independently as possible;</p> <p>B) Manage their illness and lives with as little professional intervention as possible; and</p> <p>C) Achieve functional, social, educational and vocational goals.</p>	<p>G: Facility-based means all PSR services are provided at the provider's certified sites. If any PST services are provided off-site no points are awarded for this standard.</p> <p>G: PSR is an adult only service.</p>												3
	<p>2) Psychosocial rehabilitation services shall include the following service interventions and activities to assist the client in achieving improved community functioning:</p> <p>A) Individual or group skill building activities that focus on the development of skills to be used by clients in their living, learning, social and working environments, which includes:</p> <p>i) Socialization, communication, adaptation, problem solving and coping;</p> <p>ii) Self-management of symptoms or recovery;</p> <p>iii) Concentration, endurance, attention, direction following, planning and organization; and</p> <p>iv) Establishing or modifying habits and routines;</p> <p>B) Cognitive behavioral intervention;</p> <p>C) Interventions to address co-occurring psychiatric disabilities and substance abuse;</p> <p>D) Promotion of self-directed engagement in leisure, recreational and community social activities; and</p> <p>E) Client participation in setting individualized goals and assisting his or her own skills and resources related to goal attainment.</p>	<p>Note: These are examples of components of the PSR service.</p>												

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
Section 132.150 Mental Health Services									
	j) 3) Program requirements A) Psychosocial rehabilitation services shall be provided in an organized program through individual and group interventions;	G: There must be a schedule or calendar of program activities available.							1
	B) Psychosocial rehabilitation services shall be available at least 25 hours per week and on at least 4 days per week. A maximum of 5 hours of the scheduled 25 hours may include non-group, individual activities; C) Services may be provided during day, evening and weekend hours;	G: Both requirements must be met in order for provider to be compliant - 25 hours over at least 4 days minimum.							1
	D) Each psychosocial rehabilitation services provider shall designate a staff member to assist in assessing client needs and progress toward achievement of treatment goals and objectives.	I: Ask supervising or directing Q who has been designated to do this.							1
	4) Staff qualifications A) Each psychosocial rehabilitation program shall have a clinical supervisor or program director who is at least a QMHP;								1
	B) PSR services shall be provided by at least an RSA.								1
	C) The clinical supervisor or program director shall be on-site at least 50 percent of the time. If a provider has multiple sites, the clinical supervisor or program director must be able to document a consistent schedule that includes on-site time at each location; D) When the clinical supervisor is not physically onsite, the clinical supervisor or designated QMHP shall be accessible to psychosocial rehabilitation staff;	I: Review schedule for Q. I: Obtain statement of # of hours program operates and compare to the Q's schedule to verify 50% of time spent on-site. I: Verify that the schedule includes time at all sites for which the Q is responsible and that the schedule is followed. Documentation may be a sign-in sheet, a note describing what was done on-site, etc. G: There must be an on-call policy and schedule.							1
	E) Each psychosocial rehabilitation program shall include at least one staff person with documented experience or training to provide services and interventions to clients with co-occurring psychiatric and substance abuse disorders; and	I: Look for evidence that indicates that at least one PSR staff person has training or experience.							1

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.150 Mental Health Services						
	j)4) F) The staffing ratio for groups shall not exceed one full-time equivalent staff to 15 clients.	G: There must be a roster of clients and staff participating in each group.							1
	5) Service exclusions Psychosocial rehabilitation shall not be provided in combination with any of the following services: A) Intensive Outpatient; or B) Hospital-Based Psychiatric Clinic Service Type B.	I: If billings indicate Intensive Outpatient billed in addition to PSR, cite violation here and disallow billings for Intensive Outpatient.							3
	k) Mental health intensive outpatient services are scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week.	G: There must be a written schedule of sessions available at least 4 hours per day, 5 days per week. This does not mean the client must be in programming all that time. If a provider is certified for PSR and intensive outpatient services, each service must have a separate and distinct schedule.							1
	1) Mental health intensive outpatient services are for clients at risk of, or with a history of, psychiatric hospitalization who currently have ITP objectives to reduce or eliminate symptoms that have, in the past, led to the need for hospitalization.	G: For “at risk” there must be evidence in the client record that without this service the client would be hospitalized.							3
	2) Services shall be provided by at least a QMHP.	G: All notes must be signed by at least a QMHP.							3
	3) Mental health intensive outpatient services shall be provided with a staff to client ratio that does not exceed 1:8 for adults and 1:4 for children and adolescents. For purposes of this subsection (l) only, a child or adolescent is defined as any individual who is 17 years of age or younger. 4) Services shall be provided on a face-to-face or video conference basis.	G: Groups may not have more than 8 adults per staff person or 4 children or adolescents per staff person. G: Service cannot be provided by telephone.							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS						Pts	Tot
		F	S	M	N	U			
Section 132.165 Case Management Services									
	<p>a) Mental health case management services include assessment, planning, coordination and advocacy services for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the client and linking them with necessary resources.</p> <p>1) Mental health case management services shall be provided following a mental health assessment and be authorized consistent with the client's ITP, with the following exceptions:</p> <p>A) Case management provided during the 30 days immediately preceding completion of the assessment.</p> <p>B) The client has refused all other appropriate services under this Part.</p>	<p>G: The client does not have to be physically present</p> <p>G: Case management services during the 30 days immediately preceding the dated signature of the LPHA on the MH assessment report may be provided prior to the completion of the mental health assessment report or, if applicable, an Admission Note.</p> <p>I: If case management is provided and is not on the ITP, it must meet one of these criteria.</p>							3
	<p>2) Mental health case management services shall be provided by at least an RSA.</p>	<p>G: All notes must be signed by at least an RSA.</p>							3
	<p>b) Client-centered consultation services are individual client-focused professional communications among provider staff, or staff of other agencies, or with others, including family members, who are involved with providing services to a client.</p> <p>1) Services may consist of:</p> <p>A) A meeting or conference for professional communication among provider staff, staff of other agencies, and child care systems, including school personnel or other professionals involved in the treatment process.</p> <p>B) A meeting or conference for professional communication between provider staff and family members involved in the treatment process.</p>	<p>G: The provision of this service may include consultation, specific to a particular client, between people internal to the provider or between the provider and external persons.</p> <p>G: This service includes consultation between two or more people, not including the client or activities in 132.150(c)(3).</p>							3

Pts U =	Pts =
---------	-------

	STANDARD	GUIDELINES & INSTRUCTIONS	F	S	M	N	U	Pts	Tot
			Section 132.165 Case Management Services						
	b)2) Services must be provided in conjunction with one or more mental health services identified in this Section and in accordance with the ITP. 3) Client-centered consultation does not include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process. 4) Client-centered consultation services shall be provided by at least an RSA.	G: This service must be included in the ITP. There is no allowance for provision of the service prior to its inclusion in the ITP. G: At least one other service listed in Section 132.150 must be included in the ITP.							3
	c) Transition linkage and aftercare services shall be provided to assist in an effective transition in living arrangements consistent with the client's welfare and development. This includes discharge from inpatient psychiatric care (in Institutions for Mental Diseases (IMD), general hospitals and nursing facilities), transition to adult services, and assisting the client or the client's family or caretaker with the transition.	I: Notes must indicate what transition is occurring, e.g., problem-solving issue with the client, client's caretaker, family members, or collaterals regarding the transition; visits to college and independent living arrangements. G: Activities must be related to client transition.							3
	1) Transition linkage and aftercare services may consist of: A) Planning with staff of a client's current or receiving living arrangements (including foster or legal parents as necessary); B) Locating placement resources; C) Arranging/conducting pre- or post-placement visits; D) Developing an aftercare services plan; or E) Planning a client's discharge and linkage from an inpatient psychiatric facility, including an IMD or nursing facility, for continuing mental health services and community/family support.	G: Transition linkage and aftercare may be provided based on the treatment plan of the referring agency/facility.							score above
	2) Transition linkage and aftercare services shall be provided by at least an MHP.	G: All notes must be signed by at least an MHP.							3

Pts U =	Pts =
---------	-------

