

## **Therapeutic and Evaluative Mental Health Services for Children**

### **Clinical Record Review Process**

#### **Purpose and Goals**

The purpose of a clinical record review is to verify that a provider is in compliance with applicable state and federal requirements for mental health treatment and to monitor the quality of treatment being provided to Medicaid beneficiaries.

The goals of clinical record review include:

- Assessing the appropriateness and quality of mental health services being provided to Medicaid beneficiaries.
- Giving clear, specific feedback regarding review findings to mental health service providers so that services may be enhanced.

#### **Record Selection**

Beneficiary records will be selected several times a year for review by DOM, Division of Mental Health Services. Some records will be selected because dates/amount of services billed indicate a pattern of intensive treatment. Other records will be selected randomly.

#### **Provider Notification**

Providers whose clients have been identified for record review will be notified by letter. The notification letter will indicate which components of the clinical record should be copied and submitted for review. Records must be submitted by parcel post delivery service (UPS or FedEx) or personally delivered within five (5) to seven (7) calendar days from the date of the notice.

#### **Record Review**

Therapeutic services (individual, family, and group therapy) and psychological evaluations will be reviewed for compliance with the standards. Reviews are conducted utilizing the following forms which can be viewed on the DOM Mental Health Services website under the Therapeutic and Evaluative Mental Health Services for Children section:

- Therapeutic Services Record Review
- Psychological Evaluation Record Review

#### **Provider Feedback**

Providers will be notified of the general results of the review within thirty (30) calendar days after their record submission. Feedback will be given in the form of a status determination letter mailed to each provider. The review outcome will be categorized as:

- **SATISFACTORY**  
The provider's name will be removed from the random selection pool for the next review period, insuring that the provider will not be randomly selected to submit any further records for at least twelve (12) months. However, if any of the provider's dates/amount of services billed indicates a pattern of intensive treatment, those records may still be selected for review, regardless of a satisfactory outcome of the previous review.

- **CONTINUED REVIEW**  
This is an interim outcome only. Reviewers may require additional records from a particular provider or more information regarding a particular case before determining the results of a review. If this is the case, the provider will be contacted and asked to submit the additional documentation within fourteen (14) calendar days of the request. The provider will be notified of the final results of the review within thirty (30) calendar days of the last document submission.
- **IMPROVEMENT NEEDED**  
Minor Improvements are needed. The provider's letter will contain information about what improvements are required. His/her name will remain in the selection pool during the subsequent twelve (12) months.  
  
Substantial Improvements are needed. The provider's letter will contain information about what improvements are required. The provider will be pre-selected for further record review in the next review period.
- **UNSATISFACTORY**  
The provider will be informed by letter regarding further action.

### **Appeals Process**

If a provider is dissatisfied with the final results of a record review or has a complaint about the review process, the concerns/points of disagreement may be expressed in a written request to appeal. The appeal must be filed with thirty (30) calendar days from the date of the status determination. Requests should be mailed/delivered to:

Division of Medicaid  
Bureau Director, Bureau of Mental Health Programs  
Walter Sillers Building  
550 High Street, Suite 1000  
Jackson, MS 39201

The provider will receive written notification of the decision within thirty (30) days