

Therapeutic and Evaluative Mental Health Services for Children

Therapeutic Services Record Review

Records of Therapeutic Services (Therapy and Case Management) will be reviewed for compliance with the standards outlined below. Some of the items are rated on a simple "Yes(Y)/No(N)" basis. Other items are rated on the basis of "Satisfactory(S)/Improvement Needed (I)/Unsatisfactory(U)," depending upon either the *frequency* or *quality* of compliance documented by the record.

ITEM	ADMINISTRATIVE	RATING
1	Records were submitted in timely manner	Y N
2	Records were organized, could be easily reviewed	Y N
3	Consent for treatment properly executed	Y N
4	Consent to bill Medicaid properly executed	Y N
5	Session notes match billing data	S I U
	MEDICAL NECESSITY	
6	Clinical record (intake info, treatment plan and/or notes) indicate that some type of mental health services are medically necessary ___ child has significant stressors, needs support ___ child is at risk for more restrictive interventions if treatment is not provided now ___ strengthening coping/social skills now is proactive towards preventing future deterioration ___ a treatment need has been identified by the child/family	Y N
7	Treatment method/techniques used are appropriate to stated problems, in accordance with good practice standards	Y N
8	The amount/frequency of treatment is appropriate/medically necessary, given the nature/severity of the child's problems	Y N
	SERVICES	
	Bio-Psycho-Social Assessment	
9	Identifies presenting problem/problem history	S I U
10	Documents family background	S I U
11	Documents medical history	S I U
12	Documents educational information	S I U
13	Documents history of previous mental health treatment	S I U
14	Contains clinician's assessment/recommendations	S I U
	Treatment Planning	
15	Plan was developed by date of third therapy session	Y N
16	Plan contains a multi-axial diagnosis	Y N
17	Plan identifies the child's and/or family's strengths	S I U
18	Plan identifies clinical problems on which treatment will focus	S I U
19	Plan states treatment goals for each problem	S I U
20	Treatment objectives are given for each goal	S I U
21	Objectives have target dates for achievement	S I U
22	Treatment modalities and/or strategies are identified for each objective	S I U
23	Plan is signed/dated by provider AND client and/or client's family member	Y N
24	Plan is updated/revised every 3 months	Y N N/A
	Service Notes	
25	Include the date of service	S I U
26	Include the time of day the service was provided by indicating time in and time out	S I U

27	Identify the type of service provided	S U
28	Include the length of time spent delivering the service	S U
29	State who received or participated in the service	S U
30	Relate to the treatment plan	S U
31	Give a summary of what transpired in the session	S U
32	Authenticated by signature/initials of service provider	S U
	Beneficiary/Family Member Interview	N/A
33	Child/family can identify the problem for which services were sought	S U
34	Child/family understand what goals of treatment are/were	S U
35	Child/family understand/agree with strategies employed in treatment	S U
36	Child/family understand/agree with frequency of treatment sessions	S U
37	Child/family understand/agree with duration of therapy	S U
38	Family are/were included in treatment, given guidance or recommendations to help child	S U
39	Child/family understand/agree with criteria for termination of therapy	S U
40	Child/family members have a positive perception of therapist, feel progress is being/was made and can explain why	S U
41	Child/family members feel they were treated with respect	S U
	Therapist Interview	N/A
42	Therapist is able to articulate his/her philosophy of treatment	S U
43	Therapist can identify the problem for which services were sought in this case	S U
44	Therapist can explain his/her treatment strategy in this case	S U
45	Therapist can explain/justify the frequency of treatment sessions	S U
46	Therapist can explain/justify the duration of treatment	S U
47	Therapist can relate guidance/recommendations given child's family	S U
48	Therapist can explain/justify criteria for termination of treatment	S U
49	Therapist worked cooperatively with interviewer(s) regarding this case	S U

Therapeutic Record Review Rating System Instructions/Explanation

1-3. Self-explanatory.

- 4. Consent to bill Medicaid properly executed** – Refer to Provider Policy Manual Section 21.09 for Consent to Bill Medicaid policy and a sample of the form.
- 5. Session notes match billing data** – If any discrepancy is found between billing and documentation of sessions (i.e. no documentation is found for a session for which Medicaid was billed), additional beneficiary records will be requested for review to determine whether the discrepancy was merely an oversight or a pattern of inadequate documentation exists. If a pattern is found, the provider will be referred to Program Integrity for investigation.
- 6. Clinical record (intake info, treatment plan and/or notes) indicates that some types of mental health services are medically necessary** – The list of justifications for medical necessity given here is representative but not exhaustive.
- 7. Treatment method/techniques used are appropriate to stated problems, in accordance with good practice standards** – Even if the child's need for *some* form of mental health treatment is clear, the type of treatment being provided must be appropriate to the nature/severity of the child's problems in order to pass the "medical necessity" test.
- 8. The amount/frequency of treatment is appropriate/medically necessary, given the nature/severity of the child's problems** – The length and frequency of treatment sessions, as well as the duration of the treatment process over time, must be consistent with the nature/severity of the child's problems. At a minimum, the provider will be required to repay any

monies disbursed for services which are judged to be in excess of medical necessity.

9-14. The bio-psycho-social assessment is the basic “intake assessment” which a clinician does at the outset of treatment. It must include, at a minimum, the information identified here including any psychological evaluations that have been administered.

15-22. Self explanatory.

23. The treatment plan should be completed and signed by the clinician and the child and/or family member by the date of the third therapy session.

24-32. Self-explanatory.

33-49. Beneficiary/family and/or therapist interviews will not be conducted as a part of every review. When they are included, these are the items on which those portions of the review will be rated.