

# ICS Rehab Record Review Process

The Department of Mental Health (DMH) completes annual ICS provider record reviews for Rehab Option program sites in order to monitor Medicaid Record Standards for Rehabilitation Option Certification and general quality of record keeping.

## Scheduling Record Reviews:

- DMH Staff Contract Monitor will notify each of the TGC and IHBTC providers in their Area of the date that their records will be reviewed. Notification to provider should be given 14 calendar days prior to record review date. (note: DMH Licensing Staff will complete the adult rehab checklist for YATC programs as part of their annual licensing review.)
- DMH CYF Contract Monitor will work with provider to coordinate an onsite and/or virtual review of records.
- DMH CYF Contract Monitor will notify the provider of the below instructions for selecting records. DMH Staff member will inform their CYF Director

## Record Selection Criteria:

- Providers will make available the DMH records per program for review as requested
- For each program, a total of 25% (but no less than 2) of DMH census (combo of current and closed within the last 3 months) will be selected by the DMH Team to be reviewed. Adjustments may be made based on the current census. (Note: Areas may choose to do more records but no less than 25%).
- Selected records must **exclude** youth enrolled at the program for less than 3 months as of date of review.
- Consider a variety of records - possibilities include but not limited to:
  - 1 record in treatment for over a year and contain an annual assessment update.
  - 1 record that was discharged within the last 3 months.
  - 1 record that is in both IHBTC and TGC
- Contract Monitor is not required to review record of a youth from another area, but if you are choosing that record, please coordinate with contract monitor from that area

## Completing Record Reviews:

- DMH Staff will review records as assigned.
- The full DMH CYF Intensive Community Services Rehab Checklist will be completed for each record.
- All reviews will end with a briefing with Provider staff to give brief feedback on the record reviews: strengths and areas of need. The rehab checklist tool is the written report of each record and a copy should be given to the provider.
- The tools should be typed or easily readable and kept in the Area. (Note: Tools should be kept in Areas for 6 years.)
- Report themes of areas of strengths or needs for training to Director of Programs and Practice at Central Office.

## Gap Dates/Voids:

- In the same fiscal year: If documentation is not sufficient to support rehab billing, billing should be voided for the dates that paperwork does not cover. Record reviewer should advise providers to void dates through EIM and report those same dates to the Director of Programs and Practice at Central Office by sending an email with the void dates. The Director will ensure that CO cross references to ensure dates are voided.
- If it's a previous fiscal year: Provider must send them a spreadsheet with dates that R days should be voided to the DMH Business Bureau at: [BBhspoinvoices@MassMail.State.MA.US](mailto:BBhspoinvoices@MassMail.State.MA.US)
  - DMH Area AP staff will then take care of the voids