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 member 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 Staff member will work with provider to coordinate an onsite and/or virtual review of records.
* DMH Staff member will notify the provider of the below instructions for selecting records.
* DMH Staff member will inform their CYF Director and the CO Director of Programs and Practice of the scheduled dates.

**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 current census and availability of the next three bullets of criteria. (Note: Areas may choose to do more records but no less that 25%).
* Selected records must **exclude** youth enrolled at the program for less than 3 months as of date of review.
* Where possible, 1 record should be in treatment for over a year and contain an annual assessment update.
* Where possible, 1 record should be one that was discharged within the last 3 months.
* Where possible, for IHBTC, at least one record should be a youth who is also in a group care setting

**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 provider.
* The original tools should be kept in the Area and a copy of each of the tools should be sent to the Director of Programs and Practice at Central Office. (Note: Tools should be kept in Areas for 6 years.)

**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 contact their Area’s Procurement Manager and send them a spreadsheet with dates that R days should be voided.