

DIVISION OF MENTAL RETARDATION
MEDICAID MANUAL

JULY 1, 1995



STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
DIVISION OF MENTAL RETARDATION
103 SOUTH MAIN STREET
WATERBURY, VT 05671-1601

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

GENERAL REQUIREMENTS

PROCEDURES
Page 2

INTRODUCTION

Medicaid is Title XIX of the Social Security Act. It is a matching federal/state program which provides medical care to people who are aged, blind, or disabled and to low income families with limited resources. An individual's eligibility for Medicaid is determined by the Department of Social Welfare.

The following is a provider's manual detailing procedures of those mental retardation services offered through the Vermont Division of Mental Retardation's Medicaid program. This manual only outlines requirements for reimbursement of Title XIX Mental Retardation services. Approaches to quality services and the principles and values underlying those services are contained in accompanying documents such as the *Guidelines for Quality Services*, *Individual Program Planning Guidelines*, and *Case Management Guidelines*.

Please note, Intermediate Care Facilities for the Mentally Retarded (ICF/MR) are governed by a separate set of regulations.

As a general principle, when in doubt about provisions of the procedures, or if you are requesting a variance from these procedures, seek written clarification from the Department of Mental Health and Mental Retardation before billing. Please submit your question or request in writing to the Mental Retardation Medicaid Programs Administrator.

These procedures are subject to change. Revisions will occur on an "as needed" basis as federal and state regulations or interpretations of regulations change. These procedures will be the only mechanism for reflecting change. Therefore, from time to time, you will receive pages of new procedures for insertion into this manual.

All federal regulations and procedures supersede the Division of Mental Retardation procedures and must be followed.

1.0 GENERAL REQUIREMENTS

1.1 Third Party Liability

Medicaid is a payor of last resort. It will pay only after all third party medical resources have been applied. A third party is defined as one having an obligation to meet all or any portion of the medical expense incurred by the recipient for the time such service was delivered. Such obligation is not discharged by virtue of being undiscovered or underdeveloped at the time a Medicaid claim is paid, it then becomes an issue of recovery. Some examples of third party medical resources are, but not limited to:

1.1.1 Medicare (agencies must accept assignment)

1.1.2 Health insurance, including health and accident, but not that portion specifically designated for "income protection" which has been considered in determining recipient and veteran programs, workers' compensation, etc.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

GENERAL REQUIREMENTS

PROCEDURES
Page 3

- 1.1.3 Liability for medical expenses as agreed or ordered in negligence suits, support settlements, trust funds, etc.

1.2 Eligible Providers

Medicaid payment for covered services is limited to Community Mental Health Centers (CMHC) or other Commissioner-designated agencies that are established for the purpose of providing community-based mental retardation services. In order for a designated agency to be eligible for participation under the Medicaid State Plan, it must agree to comply with appropriate federal regulations and to perform and bill for services, maintain records, and adhere to the supervision, regulations, standards, procedures, and the Medicaid Manual requirements of the Commissioner of Mental Health and Mental Retardation pursuant to 18 VSA, Chapter 177, Section 7401(2), (4), and (15); and 18 VSA, Chapter 207, Sections 8907 through 8913. An agency is considered enrolled for participation in the Medicaid program when it has a signed provider agreement for services with the Department of Mental Health and Mental Retardation.

In order for a service to be eligible for reimbursement, it must meet the following conditions:

- 1.2.1 The service must be delivered by, arranged through, or monitored by a community mental health agency or an agency which has been designated by the Commissioner of Mental Health and Mental Retardation.
- 1.2.2 The service must be either provided directly by a Vermont Medicaid enrolled physician affiliated with the agency, or prescribed by a Vermont Licensed physician directly affiliated with the agency and provided by a qualified individual whose services are monitored by an appropriate staff of the agency who, based on his/her education, training, or experience, is authorized by the prescribing physician as competent to oversee the service.

1.3 Physician Prescription

For a service to be reimbursed by Medicaid, it must be prescribed by a Vermont Medicaid enrolled physician. A physician prescription may consist of the physician's approval, documented by his/her signature, of the Individual Program Plan (IPP) or documented verbal consultation (including a telephone consultation).

- 1.3.1 In instances where a verbal consultation constitutes a physician prescription of a plan, the following documentation must appear in the case record:
 - 1.3.1.a An entry which makes clear that the physician was consulted and that he/she approved the plan. This entry may be written by an agency staff member; and,

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

GENERAL REQUIREMENTS

PROCEDURES
Page 4

- 1.3.1.b A counter signature by the physician on the entry must be made within fourteen (14) calendar days of the verbal consultation.
 - 1.3.2 It is not reasonable to expect that all services be prescribed before the delivery of any new service; however, physician input must occur early in the program planning process. There must be a provisional Individual Program Plan, full IPP, or IPP modification signed by a physician within thirty (30) calendar days of the first day of billable service. If a provisional IPP is developed, there must be a finalized Individual Program Plan within ninety (90) calendar days of the first billable service.
 - 1.3.3 All IPPs require a physician's prescription prior to their implementation (with the exception of new services as stated above).
 - 1.3.4 Clinic and Rehabilitation services require a prescription by a physician on a quarterly basis (with the exception of diagnosis and evaluation activities).
 - 1.3.5 Targeted Case Management, Waiver, and Transportation services require an annual physician's prescription.
- 1.4 Approval of the IPP
- In addition to a physician's signature of prescription, all IPPs must be approved by the individual, his/her guardian* (when applicable) and by a Qualified Mental Retardation Professional (QMRP). If the individual is a juvenile, his/her approval should be sought when appropriate but is not a requirement.
- 1.5 Staff Qualifications
- 1.5.1 At a minimum, agency staff and contractors of services must be at least eighteen years of age, possess a high school education or equivalent and must be monitored by appropriate agency staff. Any additional qualifications or variations are included in each service definition. Qualifications, degrees and titles of all agency staff and contractors must be on file at the agency.
 - 1.5.2 All other providers of service must also be at least eighteen years of age, possess a high school education or equivalent, and the services must be monitored by appropriate agency staff.
 - 1.5.3 However, if being paid for providing residential services (i.e., living with the individual in the home), providers must be at least twenty-one (21) years of age, possess a high school education or equivalent, and the residential service must be monitored by appropriate agency staff.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

GENERAL REQUIREMENTS

PROCEDURES
Page 5

1.6 Qualified Mental Retardation Professional (QMRP) Qualifications

A QMRP is defined as a person who has at least one year of experience working directly with people with mental retardation or other developmental disability and is one of the following:

- 1.6.1 A licensed doctor of medicine or osteopathy;
- 1.6.2 A registered nurse;
- 1.6.3 An individual who holds at least a bachelor's degree in a professional category who is licensed, certified, or registered, as applicable, to provide professional services by the State of Vermont; or,
- 1.6.4 Professional program staff who do not fall under the jurisdiction of the State for licensure, certification, or registration, must meet the following qualifications:
 - 1.6.4.a Occupational therapist eligible for certification as an occupational therapist of the American Occupational Therapy Association or other comparable body;
 - 1.6.4.b Occupational therapist assistant eligible for certification as a certified occupational therapy assistant by the American Occupational Therapy Association or other comparable body;
 - 1.6.4.c Physical therapist eligible for certification as a physical therapist by the American Physical Therapy Association or other comparable body;
 - 1.6.4.d Physical therapist assistant eligible for registration as a physical therapist by the American Physical Therapy Association or a graduate of a two year college-level program approved by the American Physical Therapy Association or other comparable body;
 - 1.6.4.e Psychologist who maintains at least a master's degree in psychology from an accredited school;
 - 1.6.4.f Social worker with a graduate degree from a school of social work accredited or approved by the Council on Social Work Education or another comparable body; OR with a Bachelor of Social Work degree from a college or university accredited or approved by the Council on Social Work Education or another comparable body;

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

GENERAL REQUIREMENTS

PROCEDURES
Page 6

- 1.6.4.g Speech-language pathologist or audiologist who is eligible for a Certification of Clinical Competence in Speech-Language Pathology or Audiology OR who meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification;
- 1.6.4.h Professional recreational staff with a bachelor's degree in recreation or in a specialty such as art, dance, music, or physical education;
- 1.6.4.i Professional dietician who is eligible for registration by the American Dietetics Association; or,
- 1.6.4.j Designated human service professional who has at least a bachelor's degree in a human services field including, but not limited to: sociology, special education, rehabilitation counseling and psychology.

1.7 Health and Safety

Individuals who receive Home and Community-Based services OR twenty-four (24) hour residential services OR whose services support and/or monitor medical care AND whose services are reimbursed through Title XIX funds must have documentation of an annual physical on file which is consistent with the *Guidelines for Medical Services*.

1.8 General Documentation Requirements

- 1.8.1 All entries (or each two-sided page) in the clinical record must be dated with the month, day and year and include the signature (at least the first initial and last name) of the individual providing the services.
- 1.8.2 For all billed services, except for Medicaid Transportation, the amount of time spent providing the service must be documented (e.g., in the clinical record or through time sheets).
- 1.8.3 For all billed services, the location of the service must be documented [e.g., in the clinical record, driver's log (pick up and destination locations), through time sheets, etc.].
- 1.8.4 Each service must be labeled as to the type of service being provided (e.g., individual psychotherapy, diagnosis and evaluation, level A day habilitation, etc.). If codes or other labels are used, they must be on file at each provider agency.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

GENERAL REQUIREMENTS

PROCEDURES
Page 7

- 1.8.5 All handwritten notes must be legible, otherwise they will be considered errors.
- 1.8.6 No "white-outs" are allowed and "cross-outs" must be initialed.
- 1.8.7 Each "unit service" billed must be documented (preferably in the individual's case record). This documentation may be in a separate file or in another provider's files, (i.e., psychotherapy notes for confidentiality purposes), but must be available to Title XIX auditors and must be identified in the individual's record.
- 1.8.8 Checklists by themselves are not acceptable as psychotherapy treatment plans, IPP's or progress notes.
- 1.8.9 In order for a service to be reimbursable [with the exception of some diagnosis and evaluation (D&E) services], there must be on file:
 - 1.8.9.a a supporting psychological evaluation based on standardized tests, which provides a conclusion/diagnosis and is signed by a qualified evaluator;
 - 1.8.9.b a supporting developmental assessment tool or summary signed by the author (if no adaptive behavior assessment is present within the psychological evaluation); and,
 - 1.8.9.c an IPP complete with goals, objectives, physician's prescription, and the individual's, the guardian's, and the QMRP's approval.
- 1.8.10 The psychological evaluation requirement may be waived for children if there is other documentation which references significant developmental delays prior to the age of eighteen. However, as the child reaches adulthood, a complete psychological evaluation may be necessary to determine continued eligibility.

2.0 BILLING CLARIFICATIONS

2.1 Medical Services

There may be instances where medical services other than mental retardation services are necessary and appropriate (e.g., pediatric, neurological, general medical services, services in a detoxification facility, etc.). The only services reimbursable under a community mental health center or other designated provider number are the services outlined in these procedures. Non-mental health/mental retardation medical services covered by Department of Social Welfare regulations must be billed under a separate provider number issued specifically for the purpose of reimbursing the non-mental health/mental

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

GENERAL REQUIREMENTS

PROCEDURES
Page 8

retardation services. In cases where such a provider number has been issued to a mental health center, Department of Mental Health and Mental Retardation staff will have access to settlement sheets documenting payments under the non-mental health/mental retardation numbers. Ongoing Title XIX auditing by the Department of Mental Health and Mental Retardation may include verification that double payments are not made under both provider numbers for the same service.

2.2 Medicaid payment for mental retardation services will be made at the lower of the actual or the Medicaid rate on file. The provider must accept, as payment in full, the amounts received from Medicaid.

2.3 Mental retardation Clinic, Rehabilitation (except nursing facility day rehabilitation), and Targeted Case Management services payment rates are established based upon an aggregated statewide cost by service. The Department of Mental Health and Mental Retardation retains sole authority to set these payment rates.

2.4 Mental retardation Transportation services are reimbursed on a cost related fee basis established for each provider.

2.5 Mental retardation nursing facility day rehabilitation and Home and Community-based Waiver (Waiver) service rates are set on an individual basis and are determined by the projected cost of services.

2.5.1 Waiver services are provided and reimbursed according to the approved initial waiver eligibility form or waiver rate adjustment form (WRAF).

2.6 Below is the time/unit clarification for all services except day rehabilitation, chemotherapy, and all Waiver services. These unit clarifications do apply to nursing facility day rehabilitation, however.

1 minute to 14 minutes	=	1 unit
15 minutes to 30 minutes	=	2 units
31 minutes to 45 minutes	=	3 units
46 minutes to 60 minutes	=	4 units
61 minutes to 75 minutes	=	5 units
76 minutes to 90 minutes	=	6 units
91 minutes to 105 minutes	=	7 units
106 minutes to 120 minutes	=	8 units (etc.)

2.7 For day rehabilitation (not nursing facility day rehabilitation), a minimum of two hours of service must be provided in order for the service to be reimbursable. One unit equals one day of service.

2.8 For chemotherapy services, a minimum of fifteen minutes of service must be provided. One unit equals one day of service.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

GENERAL REQUIREMENTS

PROCEDURES
Page 9

2.9 Clinic and Rehabilitation Service Rates (effective January 1, 1995)

	<u>CLINIC</u>	<u>REHABILITATION</u>
Diagnosis and Evaluation	\$20.30/unit	\$20.30/unit
Psychotherapy	\$17.55/unit	\$17.55/unit
Emergency Care	\$18.00/unit	\$18.00/unit
Group Therapy	\$ 8.15/unit	\$ 8.15/unit
Chemotherapy	\$32.45/unit	\$32.45/unit
Day Rehabilitation	N/A	\$36.75/unit
Nursing Facility Day Rehabilitation	N/A	rate set individually

2.10 Targeted Case Management Rates (effective August 2, 1993):

All services are reimbursed at \$10.50/unit. A minimum of two (2) units is required for billing purposes (\$21.00 minimum).

2.11 Transportation services reimbursement is calculated per provider (cost per trip).

2.12A maximum of \$200 total per individual per day will be reimbursed for all Clinic, Rehabilitation, Targeted Case Management, and Transportation services combined.

2.13 Every individual must have a primary program assignment and all allowable services are billed to that provider number. It is considered an error if an individual whose primary program assignment is Mental Retardation and services are billed to a Mental Health provider number and vice versa.

2.14 Billing must occur within six months from the date of service.

2.15 Billing is allowed for work performed by staff of the agency: people who are employed by and on the payroll of the community mental retardation agency. Billing for work performed by students/interns is allowed providing that: 1) the student/intern's work is compensated by the agency; 2) the student/intern is monitored by agency staff; 3) the agency and the physician assume responsibility for the work performed; and, 4) the student/intern is subject to all agency policies and procedures.

Billing for work performed by contracted individuals is also allowed providing the community mental retardation agency is responsible for billing and monitoring of the contracted individual (with the exception of contracted physicians). Contracts must be available for review during Title XIX audits. Contracts require provisions showing:

2.15.1 with whom the contract is made, stating specific individuals and their qualifications;

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

GENERAL REQUIREMENTS

PROCEDURES
Page 10

2.15.2 what specific Title XIX services the contracted person(s) will provide; and,

2.15.3 who on the community mental retardation agency staff will monitor the services provided by the contracted individual(s).

Billing for work performed by persons other than agency staff or contracted employees (e.g. respite provider, companions) is also allowed providing the individual meets the qualifications necessary for that particular service and the provision of such service is monitored by an agency staff.

2.16 Waiver services are all inclusive; no other mental retardation Medicaid service is reimbursable on the same day.

2.17 Clinic, Rehabilitation, Transportation and Targeted Case Management services may be reimbursed during the same day within the parameters set forth in this document.

2.18 If a non-Medicaid eligible person receives services for which a Medicaid-eligible individual is billed, the non-Medicaid eligible individual must be privately billed for this service.

2.19 As a general rule, no reimbursement is made for services provided to individuals admitted to the Vermont State Hospital, any correctional facility or any general hospital except as specifically noted (see section 5.5.4., page 49).

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 11

COVERED SERVICES

3.0 CLINIC SERVICES

All clinic services must be provided within a community mental health or mental retardation facility.

There are five reimbursable clinic services: diagnosis and evaluation (D & E), individual psychotherapy, group therapy, emergency care and chemotherapy. Reimbursable activities billed to these services are as follows:

3.1 Diagnosis and Evaluation (D&E):

3.1.1 Individual Program Plan

An Individual Program Plan (IPP) is a written, personalized support plan that is developed on the basis of comprehensive assessments and individual choice. Utilizing all evaluation and assessment information, a team develops an IPP from which supports and services are determined. An IPP includes all components as outlined in the *Individual Program Plan Guidelines*. At a minimum, the IPP team must include the individual, a physician, the guardian (when applicable) and a Qualified Mental Retardation Professional (QMRP). Reimbursement for IPP activities is allowed for preparation time, meeting time, post-meeting activities, IPP reviews and IPP modifications.

3.1.1.a Preparation time is defined as, but is not limited to, contact with the individual, family members, and guardian regarding the upcoming IPP meeting; gathering and organizing information to be utilized during the meeting; and, coordinating with members of the IPP Team.

3.1.1.a1 For billing purposes, preparation time may be billed up to sixty (60) calendar days prior to the IPP implementation date. The amount of time spent in preparation may be submitted. Write up time is included in the cost of the service and is not billable.

3.1.1.b Meeting time is defined as the actual time spent by the IPP team in the development of a plan as defined in the *IPP Guidelines*.

3.1.1.b1 For billing purposes, the amount of time spent in the IPP meeting(s) may be submitted. The IPP meeting(s) must occur within thirty (30) calendar days prior to the IPP implementation date. Write up time is included in the cost of the service and is not billable.

3.1.1.c Post-meeting activities are defined as time spent devoted to the refinement of objectives and program strategies.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 12

3.1.1.c1 For billing purposes, the amount of time spent in this activity may be submitted. Time spent accessing appropriate signatures of approval is not billable. Activities are reimbursable up to thirty (30) calendar days prior to the IPP implementation date. Write up time is included in the cost of the service and is not billable.

3.1.1.d Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform diagnosis and evaluation services, except as otherwise noted.

3.1.1.e Required documentation for IPP Preparation; Meeting Time, and Post-meeting Activities is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2
IPP	1. GOALS 2. OBJECTIVE(S) 3. PHYSICIAN PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	NONE	5/6

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 13

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
SERVICE DOCUMENTATION:			
IPP PREPARATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF STAFF	5. DESCRIPTION OF ALLOWABLE ACTIVITY	5
MEETING TIME	1. DATE 2. LOCATION 3. AMOUNT OF TIME	NONE	3
POST-MEETING ACTIVITIES	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF STAFF	5. DESCRIPTION OF ALLOWABLE ACTIVITY	5
TOTAL NUMBER OF AUDIT ITEMS:			
IPP PREPARATION			15-17
MEETING TIME			13-15
POST-MEETING ACTIVITIES			15-17

3.1.1.f IPP reviews and modifications includes time spent assuring the IPP continually reflects the individual's desires and needs.

3.1.1.f1 Monthly summaries must reflect IPP objectives and be signed by either a QMRP or a qualified supervisor.

3.1.1.f2A six-month review/quarterly review must document current status of objectives and be signed by a QMRP.

3.1.1.f3A modification which makes significant changes to the IPP must document the nature of the change and include appropriate signatures of approval and prescription.

3.1.1.g Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform diagnosis and evaluation services, except as otherwise noted.

3.1.1.h For billing purposes, the amount of time spent in these activities

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 14

may be submitted. Write up time is included in the cost of the service and is not billable.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 15

3.1.1.i Required documentation for Monthly Summaries; Six-month/ Quarterly Reviews; and Modifications is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	<ol style="list-style-type: none"> 1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR 	NONE	4
DEVELOPMENTAL ASSESSMENT	<ol style="list-style-type: none"> 1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR* 	NONE	1/2
IPP	<ol style="list-style-type: none"> 1. GOALS 2. OBJECTIVE(S) 3. PHYSICIAN PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* <p style="text-align: center;">*WHEN NEEDED</p>	NONE	5/6
SERVICE DOCUMENTATION:			
MONTHLY SUMMARY	<ol style="list-style-type: none"> 1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF AUTHOR 	<ol style="list-style-type: none"> 5. MONTHLY SUMMARY RELATED TO IPP OBJECTIVES 6. SIGNATURE OF QUALIFIED SUPERVISOR IF MONTHLY SUMMARY NOT WRITTEN BY A QMRP* 	5/6
QUARTERLY AND SIX MONTH REVIEWS	<ol style="list-style-type: none"> 1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QMRP 	<ol style="list-style-type: none"> 5. REVIEW RELATED TO IPP OBJECTIVES 	5
MODIFICATIONS	<ol style="list-style-type: none"> 1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QMRP 	<ol style="list-style-type: none"> 5. MODIFICATION DOCUMENT 6. PHYSICIAN'S PRESCRIPTION* 7. INDIVIDUAL'S APPROVAL* 8. GUARDIAN'S APPROVAL* <p style="text-align: center;">*WHEN NEEDED</p>	5-8

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 16

TOTAL NUMBER OF AUDIT ITEMS:			
MONTHLY SUMMARY			15-18
QUARTERLY AND SIX MONTH REVIEWS			15-17
MODIFICATIONS			15-20

3.1.2 Psychological Evaluation or Psychological Consultation:

3.1.2.a A psychological evaluation is necessary for all individuals receiving services and is recognized if it includes the administration and interpretation of appropriate (based on the individual, age, communication abilities, consideration of multiple physical abilities, etc.) standardized tests of cognitive functioning (e.g., WISC, WAIS, Stanford Binet, Leiter Performance Scale, TONI, etc.). These tests are coupled with an assessment of adaptive behavior which offers a clearer understanding of an individual, his/her best learning and coping styles, and ability to adapt and respond to the environmental demands of every day life. In addition, a battery of personality assessments (e.g., Minnesota Multiphasic Personality Inventory, Rorschach, TAT, DAP, Sentence Completion, etc.) should be included if indicated by presenting problems.

3.1.2.bA psychological evaluation must be completed in a face-to-face session. An initial evaluation must be obtained (if one is not already available) in order to determine eligibility for services. It is the responsibility of the IPP team to determine the appropriateness, focus (e.g., personality assessments without intelligence testing) and frequency of subsequent evaluations.

3.1.2.cA psychological consultation obtains information pertinent to program development and the determination of necessary supports. It must include at least one face-to-face session. Standardized tests are not required; however, the documentation must provide recommendations for services.

3.1.2.d Staff Qualifications:

A Vermont licensed or Ph.D. psychologist, or a masters level professional who is under the supervision of a Vermont licensed or Ph.D. psychologist.

3.1.2.e For billing purposes, the amount of time spent in interview, observation, and interpretation of information may be submitted. Write up time is included in the cost of the service and is not billable.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 17

3.1.2.f Required documentation for Psychological Evaluation and Psychological Consultation is:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 18

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS	NONE	3
PSYCHOLOGICAL CONSULTATION	1. NARRATIVE SUMMARY 2. RECOMMENDATIONS FOR SERVICES	NONE	2
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QUALIFIED EVALUATOR	NONE	4
TOTAL NUMBER OF AUDIT ITEMS:			
PSYCHOLOGICAL EVALUATION			7
PSYCHOLOGICAL CONSULTATION			6

3.1.3 Developmental Assessment:

At least one developmental assessment must be on file if an appropriate psychological evaluation does not include an assessment of adaptive behavior. An assessment provides recommendations based on the administration of a standardized test such as the Minnesota Developmental Programming System (MDPS), Camelot Behavioral Checklist, Inventory for Client and Agency Planning (ICAP), Pyramid Scales or the Comprehensive Test of Adaptive Behavior (CTAB). Any nonstandardized assessment (such as the Edmark Becoming Independent tool) must: 1) demonstrate itself to be appropriate to the individual; and 2) receive prior approval from DMR before utilization. Additional developmental assessments are dictated by the specific needs of the individual.

3.1.3.a Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform the above activities.

3.1.3.b For billing purposes, the amount of time spent in administration and interpretation may be submitted. Write up time is included in the cost of the service

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 19

and is not billable.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 20

3.1.3.c Service limitations for Developmental Assessments: No more than two (2) developmental assessments per year can be billed per person.

3.1.3.d Required documentation for Developmental Assessment is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL 2. DEVELOPMENTAL SUMMARY	NONE	2
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF EVALUATOR	NONE	4
TOTAL NUMBER OF AUDIT ITEMS:			6

3.1.4. Social History:

At least one comprehensive social history must be obtained upon entry into services and updated annually. This initial social history must include, but is not limited to, prenatal history, family history, developmental history (e.g., significant events: walked, talked, toileted, etc.), a summary of educational and residential history, summary of programs the individual has previously participated in, and notation of significant persons and events in the individual's life.

3.1.4.a Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform the above activities.

3.1.4.b For billing purposes, the amount of time spent in accessing and interpreting information may be submitted. Write up time is included in the cost of the service, and is not billable.

3.1.4.c Required documentation for Social History is:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 21

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
SOCIAL HISTORY	1. SOCIAL HISTORY NARRATIVE (OR UPDATE)	NONE	1
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF AUTHOR	NONE	4
TOTAL NUMBER OF AUDIT ITEMS:			5

3.1.5. Comprehensive Evaluation

A comprehensive evaluation includes the compilation and review of current developmental, social, and psychological assessments to determine the need for an individual to receive guardianship services. The comprehensive evaluation consists of a written summary of the person's developmental and social history, a complete psychological evaluation or a summary of previous evaluation results, and recommendations specific to areas of supervision contained in 14 VSA Section 3067 (private guardianship) and 18 VSA Section 9306 (public guardianship).

3.1.5.a Staff Qualifications:

An evaluation for public guardianship must be signed by a Qualified Mental Retardation Professional (QMRP). An evaluation for private guardianship must be signed by a Qualified Mental Health Professional (QMHP) as the term is defined in 14 VSA Section 3061 (10) (A).

3.1.5.b For billing purposes, the time spent compiling and interpreting the required information may be submitted. Write up time is included in the cost of the service and is not billable.

3.1.5.c Required documentation for Comprehensive Evaluation is:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 22

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
COMPREHENSIVE EVALUATION	1. COMPLETED EVALUATION	NONE	1
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF A QMRP (PUBLIC GUARDIANSHIP) OR SIGNATURE OF A QMHP (PRIVATE GUARDIANSHIP)	NONE	4
TOTAL NUMBER OF AUDIT ITEMS			5

3.1.6 Service limitations for All Diagnosis and Evaluation: Reimbursement is limited to a minimum of fifteen (15) minutes (two units) per session and no more than thirty (30) hours per calendar year, per individual. Prior written authorization by the Division of Mental Retardation (DMR) is required for any extended service.

3.2 Individual Psychotherapy

Individual psychotherapy is a method for treating an individual's personal problems using the interaction between a therapist and the individual to promote emotional, behavioral or psychological well-being. This service must be specifically prescribed in an IPP.

3.2.1 The IPP or separate annual treatment plan must include the following:

3.2.1.aa diagnosis relating to psychotherapy needs;

3.2.1.b goals for future therapy sessions; and,

3.2.1.c the signature of individual providing psychotherapy and their qualified supervisor (as needed).

3.2.2 Notes of therapy sessions must be maintained which summarize the following:

3.2.2.a issues discussed or addressed relating to the individual's goals for psychotherapy;

3.2.2.b the clinician's assessment of issues; and,

3.2.2.c if there is a change in approach toward the issues, it must be

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 23

described.

3.2.3 Staff Qualifications:

A Vermont licensed or Ph.D. psychologist or psychiatrist or a master's level individual with specialized training in providing psychotherapy who is under the direction of a Vermont licensed or Ph.D. psychologist or psychiatrist.

All psychotherapists must receive prior authorization from the Division of Mental Retardation before billing for services. The request for authorization must include:

3.2.3.a the therapist's name;

3.2.3.b license number/certification documentation;

3.2.3.c a summary of specialized trainings, education; and,

3.2.3.d the name of the supervising licensed or Ph.D. psychologist or psychiatrist and the frequency of supervision (as needed).

3.2.4 For billing purposes:

3.2.4.a Psychotherapy sessions need to be face-to-face. Phone psychotherapy is not a billable service.

3.2.4.b Only one charge may be made for psychotherapy regardless of the number of therapists present.

3.2.4.c Write up time is included in the cost of the service and is not billable.

3.2.4.d Couple's therapy or family therapy should be billed as individual psychotherapy. The primary recipient of care should be billed for the entire allowable rate. If no primary recipient is defined, participants should be billed a proportional share of the allowable rate.

3.2.4.e Psychotherapy with a non-Medicaid eligible family member cannot be reimbursed by Medicaid with the exception of (f).

3.2.4.f In family therapy, when the only Title XIX eligible individual is a child, the parents may be seen without the child present, for up to five hours per fiscal year as long as the focus of the session is the child's problems.

3.2.4.g A progress note must be maintained for each session. For instance, documentation of two, one-half hour sessions on the same day, but at different times requires two notes.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 24

3.2.4.h The following services cannot be billed as individual psychotherapy:

3.2.4.h1 social support;

3.2.4.h2 an Individual Program Plan meeting;

3.2.4.h3 consultation to other centers, or other staff of community mental health centers or other designated providers; and,

3.2.4.h4 vocational counseling.

3.2.5 Service limitations for Individual Psychotherapy: Reimbursement is limited to a minimum of one-half hour and a maximum of two hours per day, and no more than seven hours per week per individual.

3.2.6 Required documentation for Individual Psychotherapy is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 25

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
IPP	1. GOALS 2. OBJECTIVE(S) 3. QUARTERLY PHYSICIAN'S PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	7. PRESCRIPTION OF PSYCHOTHERAPY SERVICES	6/7
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF THERAPIST	5. DESCRIPTION OF THERAPY SESSION 6. PRIOR AUTHORIZATION OF THERAPIST 7. THERAPY GOALS 8. GOALS SIGNED BY THERAPIST AND SUPERVISOR (WHEN NEEDED)	8
TOTAL NUMBER OF AUDIT ITEMS			19-21

3.3 Group Therapy

Group therapy is a method of treating an individual's personal problems using the interaction between a therapist(s) and two to six individuals to promote emotional, psychological or behavioral change to alleviate the presenting condition(s). In addition, group therapy may focus on the person's adaptation skills involving social interaction and emotional reactions to reality situations. Group therapy also includes multiple family therapy or multiple couple therapy.

3.3.1 Group therapy must be specifically prescribed in an IPP. The IPP or separate annual treatment plan must include the following:

3.3.1.aa diagnosis relating to group therapy needs;

3.3.1.b goals for future therapy sessions; and,

3.3.1.c the signature of individual providing group therapy and his/her qualified supervisor (as needed).

3.3.2 Notes of therapy sessions must be maintained which summarize the following:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 26

3.3.2.a issues discussed or addressed relating to the individual's goals for group therapy;

3.3.2.b the clinician's assessment of issues; and,

3.3.2.c if there is a change in approach toward the issues, it must be described.

3.3.3 Staff Qualifications:

A Vermont licensed or Ph.D. psychologist or psychiatrist or a master's level* individual with specialized training in providing psychotherapy who is under the direction of a Vermont licensed or Ph.D. psychologist or psychiatrist.

All group therapists must receive prior authorization from the Division of Mental Retardation before billing for services. The request for authorization must include:

3.3.3.a the therapist's name;

3.3.3.b license number/certification documentation;

3.3.3.c a summary of specialized trainings, education; and,

3.3.3.d the name of the supervising licensed psychologist or psychiatrist and the frequency of supervision (as needed).

*Exceptions to the master's level requirement must be approved by DMR.

3.3.4 For billing purposes:

3.3.4.a Sessions are limited to a maximum of six people per group.

3.3.4.b Only one charge may be made for group therapy regardless of the number of therapists present.

3.3.4.c Write up is included in the cost of the service and is not billable.

3.3.4.d A separate note must be written for each individual in the group.

3.3.5 Service limitations for Group Therapy: Reimbursement is limited to a minimum of one hour per session and a maximum of two hours per day, and no more than ten hours per week per individual.

3.3.6 Required documentation for Group Therapy is:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 27

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2
IPP	1. GOALS 2. OBJECTIVE(S) 3. QUARTERLY PHYSICIAN'S PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	7. PRESCRIPTION OF GROUP THERAPY	6/7
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF THERAPIST	5. DESCRIPTION OF THERAPY SESSION 6. PRIOR AUTHORIZATION OF THERAPIST 7. THERAPY GOALS 8. GOALS SIGNED BY THERAPIST AND SUPERVISOR (WHEN NEEDED)	8
TOTAL NUMBER OF AUDIT ITEMS			19-21

3.4 Emergency Care

Emergency care is a service provided to people experiencing an acute emotional crisis as evidenced by 1) a sudden change or potential change in behavior with negative consequences for well-being; and/or 2) a loss of usual coping mechanisms; and/or 3) him/her presenting a danger to self or others. Emergency care includes services such as assessment of the individual and the circumstances leading to the crisis, crisis counseling, screening for hospitalization, referral and follow-up. Services are intensive, time limited and are intended to resolve or stabilize the immediate crisis. Emergency care services must include, as one component, a face-to-face contact with the individual. Both direct treatment or indirect service, such as support services to significant others, arrangement of other more

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 28

appropriate resources, and phone calls are also billable.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 29

3.4.1 Staff Qualifications:

Any staff who has been assigned to work with an individual involved in a crisis situation and whose qualifications meet the staff qualifications in relation to the specific job assignment as outlined in this document (e.g., psychotherapy/crisis counseling can only be reimbursed if provided by a qualified therapist, etc.).

3.4.2 For billing purposes:

3.4.2.a There is a two hours/day limitation on psychotherapy and a three hour/day limitation on emergency care services. These may be combined into a maximum of five hours of reimbursable services per day in emergency situations, up to the allowable maximum per individual.

3.4.2.b Documentation must include a separate note per twenty-four (24) hour period documenting all emergency services provided. Emergency services must be clearly labeled as such.

3.4.2.c Write-up is included in the cost of the service and is not billable.

3.4.3 Service limitations for Emergency Care: Reimbursement is limited to a minimum of one-half hour and a maximum of three hours per day and no more than twelve (12) hours per week per individual.

3.4.4 Required documentation for Emergency Care is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 30

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
IPP	1. GOALS 2. OBJECTIVES 3. QUARTERLY PHYSICIAN'S PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	NONE	5/6
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QUALIFIED STAFF/CLINICIAN	5. DESCRIPTION OF SERVICE	5
TOTAL NUMBER OF AUDIT ITEMS			15-17

3.5 Chemotherapy

Chemotherapy is a face-to-face interaction by a physician or qualified nurse and an individual, who evaluates him/her in terms of symptoms, medication history, diagnosis and appropriateness of medication being prescribed or continued, and/or the monitoring and assessment of the individual's reaction (favorable or unfavorable) to the medication. Furthermore, the reaction of the individual to the medication is not only in terms of physical reaction (side effects) but also any mental status change at which the chemotherapy is aimed. This requires both pharmacological and mental health psychiatric skills. A nurse may provide chemotherapy if the physician prescribed treatment plan so specifies.

3.5.1 Staff Qualifications:

A Vermont licensed physician, physician's assistant or qualified nurse (as defined in the Nurse Practice Act of 26 VSA, Chapter 28) designated by the physician.

3.5.2 For billing purposes:

3.5.2.a The administration of medication is not considered billable as chemotherapy.

3.5.2.b Chemotherapy may not be done in group sessions. Individual notes must be written for each individual.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

CLINIC SERVICES

PROCEDURES
Page 31

3.5.2.cA physician's signature on the therapy note meets the requirement for a quarterly physician's prescription.

3.5.3 Service limitations for Chemotherapy: Reimbursement is limited to one session per day, and no more than four sessions per week. A session must be a minimum of fifteen minutes in duration.

3.5.4 Required documentation for Chemotherapy is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2
IPP	1. GOALS 2. OBJECTIVES 3. QUARTERLY PHYSICIAN'S PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	7. PRESCRIPTION OF CHEMOTHERAPY	6/7
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QUALIFIED CLINICIAN	5. DESCRIPTION OF SERVICE 6. ANNUAL PHYSICAL	6
TOTAL NUMBER OF AUDIT ITEMS			17-19

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 32

COVERED SERVICES

4.0 REHABILITATION SERVICES

All Rehabilitation services must be based at an approved site outside of an agency facility (except as otherwise noted for day rehabilitation and nursing facility day rehabilitation services). Services may be provided within a private residence, residential care home, residential or day program operated by a CMHC or other designated provider.

There are seven reimbursable Rehabilitation services: diagnosis and evaluation (D & E), individual psychotherapy, group therapy, emergency care services, chemotherapy, day rehabilitation services, and nursing facility day rehabilitation. Reimbursable activities billed to these services are as follows:

4.1 Diagnosis and Evaluation (D&E):

4.1.1 Individual Program Plan

An Individual Program Plan (IPP) is a written personalized support plan that is developed on the basis of comprehensive assessments and individual choice. Utilizing all evaluation and assessment information, a team develops an IPP from which supports and services are determined. An IPP includes all components as outlined in the *Individual Program Plan Guidelines*. At a minimum, the IPP team must include the individual, a physician, the guardian (when applicable) and a Qualified Mental Retardation Professional (QMRP). Reimbursement for IPP activities is allowed for preparation time, meeting time, post-meeting activities, IPP reviews and IPP modifications.

4.1.1.a Preparation time is defined as, but is not limited to, contact with the individual, family members, and guardian regarding the upcoming IPP meeting; gathering and organizing information to be utilized during the meeting; and, coordinating with members of the IPP team.

4.1.1.a1 For billing purposes, preparation time may be billed up to sixty (60) calendar days prior to the IPP implementation date. The amount of time spent in preparation may be submitted. Write up time is included in the cost of the service and is not billable.

4.1.1.b Meeting time is defined as the actual time spent by the IPP team in the development of a plan as defined in the *IPP Guidelines*.

4.1.1.b1 For billing purposes, the amount of time spent in the IPP meeting(s) may be submitted. The IPP meeting(s) must occur within thirty (30) calendar days prior to the IPP implementation date. Write up time is

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 33

included in the cost of the service and is not billable.

4.1.1.c Post-meeting activities are defined as time spent devoted to the refinement of objectives and program strategies.

4.1.1.c1 For billing purposes, the amount of time spent in this activity may be submitted. Time spent accessing appropriate signatures of approval is not billable. Activities are reimbursable up to thirty (30) calendar days prior to the IPP implementation date. Write up time is included in the cost of the service and is not billable.

4.1.1.d Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform diagnosis and evaluation services, except as otherwise noted.

4.1.1.e Required documentation for IPP Preparation; Meeting Time, and Post-meeting Activities is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2
IPP	1. GOALS 2. OBJECTIVE(S) 3. PHYSICIAN PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	NONE	5/6

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 34

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
SERVICE DOCUMENTATION:			
IPP PREPARATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF STAFF	5. DESCRIPTION OF ALLOWABLE ACTIVITY	5
MEETING TIME	1. DATE 2. LOCATION 3. AMOUNT OF TIME	NONE	3
POST-MEETING ACTIVITIES	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF STAFF	5. DESCRIPTION OF ALLOWABLE ACTIVITY	5
TOTAL NUMBER OF AUDIT ITEMS:			
IPP PREPARATION			15-17
MEETING TIME			13-15
POST-MEETING ACTIVITIES			15-17

4.1.1.f IPP reviews and modifications includes time spent assuring the IPP continually reflects the individual's desires and needs.

4.1.1.f1 Monthly summaries must reflect IPP objectives and be signed by either a QMRP or a qualified supervisor.

4.1.1.f2A six-month review/quarterly review must document current status of objectives and be signed by a QMRP.

4.1.1.f3A modification which makes significant changes to the IPP must document the nature of the change and include appropriate signatures of approval and prescription.

4.1.1.g Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform diagnosis and evaluation services, except as otherwise noted.

4.1.1.h For billing purposes, the amount of time spent in these activities

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 35

may be submitted. Write up time is included in the cost of the service and is not billable.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 36

4.1.1.i Required documentation for Monthly Summaries; Six-month/ Quarterly Reviews; and Modifications is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	<ol style="list-style-type: none"> 1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR 	NONE	4
DEVELOPMENTAL ASSESSMENT	<ol style="list-style-type: none"> 1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR* 	NONE	1/2
IPP	<ol style="list-style-type: none"> 1. GOALS 2. OBJECTIVE(S) 3. PHYSICIAN PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* <p style="text-align: center;">*WHEN NEEDED</p>	NONE	5/6
SERVICE DOCUMENTATION:			
MONTHLY SUMMARY	<ol style="list-style-type: none"> 1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF AUTHOR 	<ol style="list-style-type: none"> 5. MONTHLY SUMMARY RELATED TO IPP OBJECTIVES 6. SIGNATURE OF QUALIFIED SUPERVISOR IF MONTHLY SUMMARY NOT WRITTEN BY A QMRP 	5/6
QUARTERLY AND SIX MONTH REVIEWS	<ol style="list-style-type: none"> 1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QMRP 	<ol style="list-style-type: none"> 5. REVIEW RELATED TO IPP OBJECTIVES 	5
MODIFICATIONS	<ol style="list-style-type: none"> 1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QMRP 	<ol style="list-style-type: none"> 5. MODIFICATION DOCUMENT 6. PHYSICIAN'S PRESCRIPTION* 7. INDIVIDUAL'S APPROVAL* 8. GUARDIAN'S APPROVAL* <p style="text-align: center;">*WHEN NEEDED</p>	5-8

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 37

TOTAL NUMBER OF AUDIT ITEMS:			
MONTHLY SUMMARY			15-18
QUARTERLY AND SIX MONTH REVIEWS			15-17
MODIFICATIONS			15-20

4.1.2 Psychological Evaluation or Psychological Consultation:

4.1.2.a A psychological evaluation is necessary for all individuals receiving services and is recognized if it includes the administration and interpretation of appropriate (based on the individual, age, communication abilities, consideration of multiple physical abilities, etc.) standardized tests of cognitive functioning (e.g., WISC, WAIS, Stanford Binet, Leiter Performance Scale, TONI, etc.). These tests are coupled with an assessment of adaptive behavior which offers a clearer understanding of an individual, his/her best learning and coping styles, and ability to adapt and respond to the environmental demands of every day life. In addition, a battery of personality assessments (e.g., Minnesota Multiphasic Personality Inventory, Rorschach, TAT, DAP, Sentence Completion, etc.) should be included if indicated by presenting problems.

4.1.2.bA psychological evaluation must be completed in a face-to-face session. An initial evaluation must be obtained (if one is not already available) in order to determine eligibility for services. It is the responsibility of the IPP team to determine the appropriateness, focus (e.g., personality assessments without intelligence testing) and frequency of subsequent evaluations.

4.1.2.cA psychological consultation obtains information pertinent to program development and the determination of necessary supports. It must include at least one face-to-face session. Standardized tests are not required; however, the documentation must provide recommendations for services.

4.1.2.d Staff Qualifications:

A Vermont licensed or Ph.D. psychologist, or a masters level professional who is under the supervision of a Vermont licensed or Ph.D. psychologist.

4.1.2.e For billing purposes, the amount of time spent in interview, observation, and interpretation of information may be submitted. Write up time is included in the cost of the service and is not billable.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 38

4.1.2.f Required documentation for Psychological Evaluation and Psychological Consultation is:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 39

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS	NONE	3
PSYCHOLOGICAL CONSULTATION	1. NARRATIVE SUMMARY 2. RECOMMENDATIONS FOR SERVICES	NONE	2
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QUALIFIED EVALUATOR	NONE	4
TOTAL NUMBER OF AUDIT ITEMS:			
PSYCHOLOGICAL EVALUATION			7
PSYCHOLOGICAL CONSULTATION			6

4.1.3 Developmental Assessment:

At least one developmental assessment must be on file if an appropriate psychological evaluation does not include an assessment of adaptive behavior. An assessment provides recommendations based on the administration of a standardized test such as the Minnesota Developmental Programming System (MDPS), Camelot Behavioral Checklist, Inventory for Client and Agency Planning (ICAP), Pyramid Scales or the Comprehensive Test of Adaptive Behavior (CTAB). Any nonstandardized assessment (such as the Edmark Becoming Independent tool) must: 1) demonstrate itself to be appropriate to the individual; and 2) receive prior approval from DMR before utilization. Additional developmental assessments are dictated by the specific needs of the individual.

4.1.3.a Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform the above activities.

4.1.3.b For billing purposes, the amount of time spent in administration and interpretation may be submitted. Write up time is included in the cost of the service

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 40

and is not billable.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 41

4.1.3.c Service limitations for Developmental Assessments: No more than two (2) developmental assessments per year can be billed per person.

4.1.3.d Required documentation for Developmental Assessment is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL 2. DEVELOPMENTAL SUMMARY	NONE	2
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF EVALUATOR	NONE	4
TOTAL NUMBER OF AUDIT ITEMS			6

4.1.4. Social History:

At least one comprehensive social history must be obtained upon entry into services and updated annually. This initial social history must include, but is not limited to, prenatal history, family history, developmental history (e.g., significant events: walked, talked, toileted, etc.), a summary of educational and residential history, summary of programs the individual has previously participated in, and notation of significant persons and events in the individual's life.

4.1.4.a Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform the above activities.

4.1.4.b For billing purposes, the amount of time spent in accessing and interpreting information may be submitted. Write up time is included in the cost of the service, and is not billable.

4.1.4.c Required documentation for Social History is:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 42

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
SOCIAL HISTORY	1. SOCIAL HISTORY NARRATIVE (OR UPDATE)	NONE	1
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF AUTHOR	NONE	4
TOTAL NUMBER OF AUDIT ITEMS			5

4.1.5. Comprehensive Evaluation

A comprehensive evaluation includes the compilation and review of current developmental, social, and psychological assessments to determine the need for an individual to receive guardianship services. The comprehensive evaluation consists of a written summary of the person's developmental and social history, a complete psychological evaluation or a summary of previous evaluation results, and recommendations specific to areas of supervision contained in 14 VSA Section 3067 (private guardianship) and 18 VSA Section 9306 (public guardianship).

4.1.5.a Staff Qualifications:

An evaluation for public guardianship must be signed by a Qualified Mental Retardation Professional (QMRP). An evaluation for private guardianship must be signed by a Qualified Mental Health Professional (QMHP) as the term is defined in 14 VSA Section 3061 (10) (A).

4.1.5.b For billing purposes, the time spent compiling and interpreting the required information may be submitted. Write up time is included in the cost of the service and is not billable.

4.1.5.c Required documentation for Comprehensive Evaluation is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
COMPREHENSIVE EVALUATION	1. COMPLETED EVALUATION	NONE	1

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 43

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF A QMRP (PUBLIC GUARDIANSHIP) OR SIGNATURE OF A QMHP (PRIVATE GUARDIANSHIP)	NONE	4
TOTAL NUMBER OF AUDIT ITEMS			5

4.1.6 Service limitations for All Diagnosis and Evaluation: Reimbursement is limited to a minimum of fifteen (15) minutes (two units) per session and no more than thirty (30) hours per calendar year, per individual. Prior written authorization by the Division of Mental Retardation (DMR) is required for any extended service.

4.2 Individual Psychotherapy

Individual psychotherapy is a method for treating an individual's personal problems using the interaction between a therapist and the individual to promote emotional, behavioral or psychological well-being. This service must be specifically prescribed in an IPP.

4.2.1 The IPP or separate annual treatment plan must include the following:

4.2.1.a diagnosis relating to psychotherapy needs;

4.2.1.b goals for future therapy sessions; and,

4.2.1.c the signature of individual providing psychotherapy and their qualified supervisor (as needed).

4.2.2 Notes of therapy sessions must be maintained which summarize the following:

4.2.2.a issues discussed or addressed relating to the individual's goals for psychotherapy;

4.2.2.b the clinician's assessment of issues; and,

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 44

4.2.2.cif there is a change in approach toward the issues, it must be described.

4.2.3 Staff Qualifications:

A Vermont licensed or Ph.D. psychologist or psychiatrist or a master's level individual with specialized training in providing psychotherapy who is under the direction of a Vermont licensed or Ph.D. psychologist or psychiatrist.

All psychotherapists must receive prior authorization from the Division of Mental Retardation before billing for services. The request for authorization must include:

4.2.3.a the therapist's name;

4.2.3.b license number/certification documentation;

4.2.3.c a summary of specialized trainings, education; and,

4.2.3.d the name of the supervising licensed or Ph.D. psychologist or psychiatrist and the frequency of supervision (as needed).

4.2.4 For billing purposes:

4.2.4.a Psychotherapy sessions need to be face-to-face. Phone psychotherapy is not a billable service.

4.2.4.b Only one charge may be made for psychotherapy regardless of the number of therapists present.

4.2.4.c Write up time is included in the cost of the service and is not billable.

4.2.4.d Couple's therapy or family therapy should be billed as individual psychotherapy. The primary recipient of care should be billed for the entire allowable rate. If no primary recipient is defined, participants should be billed a proportional share of the allowable rate.

4.2.4.e Psychotherapy with a non-Medicaid eligible family member cannot be reimbursed by Medicaid with the exception of (f):

4.2.4.f In family therapy, when the only Title XIX eligible individual is a child, the parents may be seen without the child present, for up to five hours per fiscal year as long as the focus of the session is the child's problems.

4.2.4.g A progress note must be maintained for each session. For instance, documentation

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 45

of two, one-half hour sessions on the same day, but at different times requires two notes.

4.2.4.h The following services cannot be billed as individual psychotherapy:

4.2.4.h1 social support;

4.2.4.h2 an Individual Program Plan meeting;

4.2.4.h3 consultation to other centers, or other staff of community mental health centers or other designated providers; and,

4.2.4.h4 vocational counseling.

4.2.5 Service limitations for Individual Psychotherapy: Reimbursement is limited to a minimum of one-half hour and a maximum of two hours per day, and no more than seven hours per week per individual.

4.2.6 Required documentation for Individual Psychotherapy is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 46

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
IPP	1. GOALS 2. OBJECTIVE(S) 3. QUARTERLY PHYSICIAN'S PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	7. PRESCRIPTION OF PSYCHOTHERAPY SERVICES	6/7
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF THERAPIST	5. DESCRIPTION OF THERAPY SESSION 6. PRIOR AUTHORIZATION OF THERAPIST 7. THERAPY GOALS 8. GOALS SIGNED BY THERAPIST AND SUPERVISOR (WHEN NEEDED)	8
TOTAL NUMBER OF AUDIT ITEMS			19-21

4.3 Group Therapy

Group therapy is a method of treating an individual's personal problems using the interaction between a therapist(s) and two to six individuals to promote emotional, psychological or behavioral change to alleviate the presenting condition(s). In addition, group therapy may focus on the person's adaptation skills involving social interaction and emotional reactions to reality situations. Group therapy also includes multiple family therapy or multiple couple therapy.

4.3.1 Group therapy must be specifically prescribed in an IPP. The IPP or separate annual treatment plan must include the following:

4.3.1.aa diagnosis relating to group therapy needs;

4.3.1.b goals for future therapy sessions; and,

4.3.1.c the signature of individual providing group therapy and his/her qualified supervisor (as needed).

4.3.2 Notes of therapy sessions must be maintained which summarize the following:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 47

4.3.2.a issues discussed or addressed relating to the individual's goals for group therapy;

4.3.2.b the clinician's assessment of issues; and,

4.3.2.c if there is a change in approach toward the issues, it must be described.

4.3.3 Staff Qualifications:

A Vermont licensed or Ph.D. psychologist or psychiatrist or a master's level* individual with specialized training in providing psychotherapy who is under the direction of a Vermont licensed or Ph.D. psychologist or psychiatrist.

All group therapists must receive prior authorization from the Division of Mental Retardation before billing for services. The request for authorization must include:

4.3.3.a the therapist's name;

4.3.3.b license number/certification documentation;

4.3.3.c a summary of specialized trainings, education; and,

4.3.3.d the name of the supervising licensed psychologist or psychiatrist and the frequency of supervision (as needed).

*Exceptions to the master's level requirement must be approved by DMR.

4.3.4 For billing purposes:

4.3.4.a Sessions are limited to a maximum of six people per group.

4.3.4.b Only one charge may be made for group therapy regardless of the number of therapists present.

4.3.4.c Write up is included in the cost of the service and is not billable.

4.3.4.d A separate note must be written for each individual in the group.

4.3.5 Service limitations for Group Therapy: Reimbursement is limited to a minimum of one hour per session and a maximum of two hours per day, and no more than ten hours per week per individual.

4.3.6 Required documentation for Group Therapy is:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 48

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2
IPP	1. GOALS 2. OBJECTIVE(S) 3. QUARTERLY PHYSICIAN'S PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	7. PRESCRIPTION OF GROUP THERAPY	6/7
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF THERAPIST	5. DESCRIPTION OF THERAPY SESSION 6. PRIOR AUTHORIZATION OF THERAPIST 7. THERAPY GOALS 8. GOALS SIGNED BY THERAPIST AND SUPERVISOR (WHEN NEEDED)	8
TOTAL NUMBER OF AUDIT ITEMS			19-21

4.4 Emergency Care

Emergency care is a service provided to people experiencing an acute emotional crisis as evidenced by 1) a sudden change or potential change in behavior with negative consequences for well-being; and/or 2) a loss of usual coping mechanisms; and/or 3) him/her presenting a danger to self or others. Emergency care includes services such as assessment of the individual and the circumstances leading to the crisis, crisis counseling, screening for hospitalization, referral and follow-up. Services are intensive, time limited and are intended to resolve or stabilize the immediate crisis. Emergency care services must include, as one component, a face-to-face contact with the individual. Both direct treatment or indirect service, such as support services to significant others, arrangement of other more

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 49

appropriate resources, and phone calls are also billable.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 50

4.4.1 Staff Qualifications:

Any staff who has been assigned to work with an individual involved in a crisis situation and whose qualifications meet the staff qualifications in relation to the specific job assignment as outlined in this document (e.g., psychotherapy/crisis counseling can only be reimbursed if provided by a qualified therapist, etc.).

4.4.2 For billing purposes:

4.4.2.a There is a two hours/day limitation on psychotherapy and a three hour/day limitation on emergency care services. These may be combined into a maximum of five hours of reimbursable services per day in emergency situations, up to the allowable maximum per individual.

4.4.2.b Documentation must include a separate note per twenty-four (24) hour period documenting all emergency services provided. Emergency services must be clearly labeled as such.

4.4.2.c Write-up is included in the cost of the service and is not billable.

4.4.3 Service limitations for Emergency Care: Reimbursement is limited to a minimum of one-half hour and a maximum of three hours per day and no more than twelve (12) hours per week per individual.

4.4.4 Required documentation for Emergency Care is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 51

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
IPP	1. GOALS 2. OBJECTIVES 3. QUARTERLY PHYSICIAN'S PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN' APPROVAL (OR INDICATIONS OF ATTEMPTS)* *WHEN NEEDED	NONE	5/6
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QUALIFIED STAFF/CLINICIAN	5. DESCRIPTION OF SERVICE	5
TOTAL NUMBER OF AUDIT ITEMS			15-17

4.5 Chemotherapy

Chemotherapy is a face-to-face interaction by a physician or qualified nurse and an individual, who evaluates him/her in terms of symptoms, medication history, diagnosis and appropriateness of medication being prescribed or continued, and/or the monitoring and assessment of the individual's reaction (favorable or unfavorable) to the medication. Furthermore, the reaction of the individual to the medication is not only in terms of physical reaction (side effects) but also any mental status change at which the chemotherapy is aimed. This requires both pharmacological and mental health psychiatric skills. A nurse may provide chemotherapy if the physician prescribed treatment plan so specifies.

4.5.1 Staff Qualifications:

A Vermont licensed physician, physician's assistant or qualified nurse (as defined in the Nurse Practice Act of 26 VSA, Chapter 28) designated by the physician.

4.5.2 For billing purposes:

4.5.2.a The administration of medication is not considered billable as chemotherapy.

4.5.2.b Chemotherapy may not be done in group sessions. Individual notes must be written for each individual.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 52

4.5.2.cA physician's signature on the therapy note meets the requirement for a quarterly physician's prescription.

4.5.3 Service limitations for Chemotherapy: Reimbursement is limited to one session per day, and no more than four sessions per week. A session must be a minimum of fifteen minutes in duration.

4.5.4 Required documentation for Chemotherapy is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2
IPP	1. GOALS 2. OBJECTIVES 3. QUARTERLY PHYSICIAN'S PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	7. PRESCRIPTION OF CHEMOTHERAPY	6/7
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QUALIFIED CLINICIAN	5. DESCRIPTION OF SERVICE 6. ANNUAL PHYSICAL	6
TOTAL NUMBER OF AUDIT ITEMS			17-19

4.6 Day Rehabilitation

Day rehabilitation is a service composed of a variety of treatment modalities available to promote medical, emotional or psychological change that address the needs of the individual. In addition, day rehabilitation should prevent deterioration of the person's emotional or physical functions. Services available include preventive

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 53

or restorative services, instruction in self-care relating to health maintenance and intensive skill development programs relating to the above needs.

Day rehabilitation may be facility-based, however, out-of-facility activities are reimbursable providing they are part of a day rehabilitation program.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 54

4.6.1 Eligible recipients:

4.6.1.a People residing in an ICF/MR are automatically eligible for services providing their IPP objectives are based on a medical, emotional or psychological need. Annual written prior authorization FOR BILLING is still required, however.

4.6.1.b Any individual receiving day rehabilitation services must have a statement in their IPP specifically prescribing the service.

4.6.1.c Any individual receiving day rehabilitation services must have documentation within their IPP of the specific qualifying condition(s) for the service. This is not considered an audit item for persons who reside within an ICF/MR, however.

4.6.1.d All people receiving day rehabilitation must have annual written prior authorization by DMR in order to bill. To be prior authorized, the agency provides each individual's current assessment of adaptive behavior, psychological evaluation and complete IPP, including goals, objectives and programs to the Division for review and approval.

4.6.2 Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform the above activity.

4.6.3 For billing purposes:

4.6.3.a Intensive skill development services or other activities taking place within an individual's home cannot be reimbursed as day rehabilitation.

4.6.3.b Day rehabilitation services for children under the age of eighteen are not billable.

4.6.3.c Day rehabilitation services are not reimbursable if provided within a nursing facility.

4.6.4 Service limitations for Day Rehabilitation: Day rehabilitation services are reimbursed on a per session basis. A session must last at least two hours. Reimbursement is limited to one session per day and no more than seven sessions per week.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 55

4.6.5 Required documentation for Day Rehabilitation is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2
IPP	1. GOALS 2. OBJECTIVES 3. QUARTERLY PHYSICIAN'S PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	7. PRESCRIPTION OF DAY REHABILITATION SERVICES 8. STATEMENT OF QUALIFYING CONDITIONS*	6-8
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF STAFF	5. ANNUAL SERVICE AUTHORIZATION 6. MONTHLY SUMMARY RELATING TO QUALIFYING CONDITION(S) 7. SUMMARY SIGNED BY QUALIFIED SUPERVISOR (IF NOT WRITTEN BY A QMRP) 8. ANNUAL PHYSICAL * *WHEN NEEDED	7/8
TOTAL NUMBER OF AUDIT ITEMS			18-22

4.7 Nursing Facility Day Rehabilitation

Nursing facility day rehabilitation services are composed of a variety of treatment modalities available to promote emotional or psychological change that address the needs of the individual. Services must be directed towards the acquisition of behaviors necessary for the individual to function with as much self-determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functioning. These services address specific individual

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 56

needs which are related to his/her mental retardation or related condition and require ongoing intensive intervention by trained staff and/or are beyond the scope of services which are required of nursing facilities.

Nursing facility day rehabilitation services may be based in or outside a facility, including within an agency or a nursing facility.

4.7.1 Eligible recipients:

All persons receiving nursing facility day rehabilitation must have annual written prior authorization by DMR in order to bill. To be prior authorized, the agency provides each individual's current developmental assessment, psychological evaluation and complete IPP, including goals and objectives and programs to the Division for review and approval.

4.7.2 Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform the above activities.

4.7.3 For billing purposes:

4.7.3.a Nursing facility day rehabilitation services for children under the age of eighteen are not billable.

4.7.3.b Medical and other services provided through the nursing facility may not be duplicated through nursing facility day rehabilitation services.

4.7.4 Service limitations for Nursing Facility Day Rehabilitation: Nursing facility day rehabilitation services are reimbursed on a per unit basis. A session must last at least one unit (14 minutes), but not more than twenty (20) units per day and no more than five (5) days per week. Transportation and case management services are included in the per unit billing and may not be billed separately.

4.7.5 Required documentation for Nursing Facility Day Rehabilitation is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
	<u>OR</u> 1. EVALUATION DOCUMENT 2. MR DIAGNOSIS OR RELATED	NONE	3/4

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

REHABILITATION SERVICES

PROCEDURES
Page 57

	<p>CONDITION NOTED</p> <p>3. SIGNED BY QUALIFIED EVALUATOR</p> <p>4. QUALIFIED CO-SIGNATURE*</p> <p>*WHEN NEEDED</p>		
DEVELOPMENTAL ASSESSMENT	<p>1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY</p> <p>2. SIGNATURE OF EVALUATOR*</p>	NONE	1/2
IPP	<p>1. GOALS</p> <p>2. OBJECTIVES RELATING TO QUALIFYING CONDITION(S)</p> <p>3. PHYSICIAN PRESCRIPTION</p> <p>4. QMRP APPROVAL</p> <p>5. INDIVIDUAL'S APPROVAL</p> <p>6. GUARDIAN'S APPROVAL (OR (INDICATION OF ATTEMPTS)*)</p> <p>*WHEN NEEDED</p>	7. PRESCRIPTION OF NURSING FACILITY DAY REHABILITATION SERVICES	6/7
SERVICE DOCUMENTATION	<p>1. DATE</p> <p>2. LOCATION</p> <p>3. AMOUNT OF TIME</p> <p>4. SIGNATURE OF STAFF</p>	<p>5. ANNUAL SERVICE AUTHORIZATION</p> <p>6. MONTHLY SUMMARY RELATING TO QUALIFYING CONDITION(S)</p> <p>7. SUMMARY SIGNED BY AUTHOR AND QUALIFIED SUPERVISOR (IF NOT WRITTEN BY A QMRP)</p>	7
TOTAL NUMBER OF AUDIT ITEMS			17-20

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

TARGETED CASE MANAGEMENT SERVICES

PROCEDURES
Page 58

COVERED SERVICES

5.0 TARGETED CASE MANAGEMENT

Targeted Case Management (TCM) services consist of a group of activities which are designed to assist individuals in gaining access to needed services with an emphasis placed on those services which are non-Medicaid in nature. It also enables staff to monitor an individual's satisfaction with these services. Reimbursable activities are monitoring, services coordination/referral and advocacy.

5.1 Service coordination/referral are activities required to link the individual/family to services specified in the Individual Program Plan, such as consultation with other providers; to develop mutual/natural support systems; and, to facilitate access to community activities and services.

Service coordination/referral involves contact with a professional or paraprofessional service provider from an agency other than your own for the purpose of consultation and/or case review regarding the provisions and coordination of services to a specific individual. This service must be offered on an individual basis, but may include both face-to-face and telephone contacts.

5.2 Monitoring services are activities involving assurance that the individual/family is receiving necessary services and that the services continue to be needed and appropriate. Contact may be either direct with the individual/family to determine satisfaction or with other services providers to follow up on a need expressed by him/her/them. Monitoring may also include the person's/family's evaluation of the service they are receiving and/or the progress toward meeting goals of the service plan.

This service may be offered on an individual basis only. However, contact may be with the individual's family, with or without the presence of him/her. Telephone contact with the individual and/or his/her family is allowable. Telephone contact with another service provider is allowable if it is the result of a need expressed by the individual/family.

5.3 Advocacy services are activities with the individual/family and other providers for the purpose of gaining access to needed service and entitlements and modifying service systems to increase accessibility and appropriateness for the individual.

This service may be offered on an individual basis only. Contact may or may not be face-to-face for the purpose of advocating on behalf of a specific individual (e.g., appeal SSI determination, gain access to voting rights that have been denied, etc.) Telephone contact with the individual directly or on behalf of the him/her is allowable.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

TARGETED CASE MANAGEMENT SERVICES

PROCEDURES
Page 59

5.4 Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" may perform the above activities.

5.5 For billing purposes:

5.5.1 The note must include: a statement of the activity (e.g., activity code); a description of the activity; amount of time spent; the service location; and, staff signature.

5.5.2 Targeted Case Management services may not be billed when an individual's services are funded through the Home and Community-based Waiver or through an ICF/MR. Additionally, TCM will not be reimbursed in conjunction with nursing facility day rehabilitation services.

5.5.3 Targeted Case Management services may not be billed when an individual has been admitted to a general hospital, the Vermont State Hospital, a correctional facility, or a nursing facility (except as indicated below in 5.5.4).

5.5.4 Targeted Case Management services may be billed for individuals committed to a correctional facility or admitted to a general hospital or the Vermont State Hospital only for purposes of discharge planning when the service does not duplicate the facility's services and when provided thirty (30) calendar days or less prior to discharge.

5.5.5 The only vocationally-related services allowed are person specific job development, intermittent consultation and follow-up, and referral to generic services (e.g., Vocational Rehabilitation, Vermont Job Service etc.).

5.5.6 Coordination between same agency staff is not a billable Targeted Case Management service.

5.5.7 The actual time spent performing these activities may be submitted for each period of service provided (e.g., for one hour of continuous service, one note covering that time period is sufficient, four separate notes are not required).

5.5.8 Time spent writing notes is included in the cost of service and is not reimbursable.

5.6 Service limitations for Targeted Case Management: Reimbursement is limited to a minimum of two units (15 minutes) of service per individual.

5.7 Required documentation for Targeted Case Management is:

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

TARGETED CASE MANAGEMENT SERVICES

PROCEDURES
Page 60

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2
IPP	1. GOALS 2. OBJECTIVES 3. PHYSICIAN PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATIONS OF ATTEMPTS)* *WHEN NEEDED	7. PRESCRIPTION OF MONITORING, SERVICE COORDINATION AND/OR ADVOCACY ACTIVITIES	6/7
SERVICE DOCUMENTATION	1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF STAFF	5. DESCRIPTION OF ALLOWABLE SERVICE 6. ANNUAL PHYSICAL* *WHEN NEEDED	5/6
TOTAL NUMBER OF AUDIT ITEMS			16-19

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

TRANSPORTATION

PROCEDURES
Page 61

COVERED SERVICES

6.0 TRANSPORTATION

This service is allowed only for the necessary transportation of persons covered by Medicaid to and from a mental health or mental retardation facility in order to receive a Medicaid reimbursable service. Field trips or transportation provided as part of a medical service are not eligible for reimbursement. "Necessary" means that the individual has no reasonable alternate transportation available and without such transportation would not be able to receive mental retardation Medicaid services.

6.1 Staff Qualifications:

Any individual who meets the staff qualifications as stated within the "General Requirements" and who has a valid Vermont driver's license may perform the above activity.

6.2 For billing purposes:

6.2.1 Transportation may be billed when at least one allowable and reimbursed mental retardation service (e.g., psychotherapy, day rehabilitation, chemotherapy, etc.) is provided on the same day which justifies the need for transportation.

6.2.2 Transportation may not be billed if an individual receives Waiver services or nursing facility day rehabilitation services.

6.3 Service limitations for Transportation: Reimbursement is limited to two one-way trips/day only when at least one of the services defined above is provided and documented on the same day.

6.4 Required documentation for Transportation is:

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR	NONE	4
DEVELOPMENTAL ASSESSMENT	1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR*	NONE	1/2

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

TRANSPORTATION

PROCEDURES
Page 62

AUDIT	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
IPP	1. GOALS 2. OBJECTIVES 3. PHYSICIAN PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* *WHEN NEEDED	7. PRESCRIPTION OF TRANSPORTATION	6/7
SERVICE DOCUMENTATION	1. DATE 2. LOCATIONS (TO AND FROM) 3. SIGNATURE OF DRIVER	4. INDICATION OF ONE OR TWO WAY TRIP 5. OTHER ALLOWABLE MENTAL RETARDATION MEDICAID SERVICE ON THE SAME DAY	5
TOTAL NUMBER OF AUDIT ITEMS			16-18

DIVISION OF MENTAL RETARDATION

AID MANUAL
95

HOME AND COMMUNITY-BASED WAIVER SERVICES

PROCEDURES
Page 63

COVERED SERVICES

7.0 HOME AND COMMUNITY-BASED WAIVER SERVICES (WAIVER)

There are ten primary services reimbursable through the Waiver. They are: case management, personal care, respite care, companion, adult day health, residential habilitation, level A day habilitation, level B day habilitation, supported employment, and crisis services. There are secondary services (e.g., psychotherapy, transportation, etc.) allowable as component parts of these primary services. Although some of these services are listed below, they are not all inclusive.

7.1 Eligible Recipients:

All people must receive prior approval by DMR in order to bill for Waiver services.

7.2. Case Management

Case management services assist individuals in gaining access to needed Waiver and other State Plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

All IPP related activities are allowable under case management, including ongoing monitoring of services prescribed in the individual's plan of care.

7.2.1 Staff Qualifications:

The person performing this service must be a Qualified Mental Retardation Professional (QMRP) or the service must be monitored by a QMRP.

7.3 Personal Care Services

Personal care services provide assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. Services may include assistance with preparation of meals, but do not include the cost of the meals themselves. When specified in the plan of care, this service may also include housekeeping chores such as bedmaking, dusting and vacuuming, which are essential to the health and welfare of the individual. The frequency and intensity of personal care services, as well as the supervision of the personal care provider will be indicated in the individual's plan of care.

7.3.1 Staff Qualifications:

7.3.1.a Personal care providers may be members of the individual's family, however, payment will not be made for services furnished by the individual's parent, step-parent or adoptive parent, or by the individual's domestic partner or legal guardian. Furthermore, siblings under the age of eighteen (18) may not be paid for services.

DIVISION OF MENTAL RETARDATION

AID MANUAL
195

HOME AND COMMUNITY-BASED WAIVER SERVICES

PROCEDURES
Page 64

7.3.1.bAll personal care providers must meet the qualifications as stated within the "General Requirements" section and the service must be monitored by a QMRP or designee.

7.4.Respite Care

Respite care services are provided to individuals unable to care for themselves and are provided on a short-term basis because of the absence or need for relief of those people normally providing the care or because the individual requires relief from their primary caregiver. Respite care is provided in accordance with the individual's plan of care.

7.4.1 Staff Qualifications:

7.4.1.aRespite providers may be a member of the individual's family, however, payment will not be made for services furnished by the individual's parent, step-parent or adoptive parent, or by the individual's domestic partner or legal guardian. Furthermore, siblings under the age of eighteen (18) may not be paid for services.

7.4.1.bAll respite provider must meet the qualification stated within the "General Requirements" section and the service must be monitored by a QMRP or designee.

7.4.1.c For billing purposes:

Respite care may be provided in the following locations:

7.4.1.c1an individual's home or place of residence;

7.4.1.c2private home of a respite provider;

7.4.1.c3a foster home; or,

7.4.1.c4other noninstitutional location approved by DMR.

DIVISION OF MENTAL RETARDATION

AID MANUAL
95

HOME AND COMMUNITY-BASED WAIVER SERVICES

PROCEDURES
Page 65

7.5 Companion Services

Companion services consist of nonmedical care, supervision and socialization provided to an individual. The provision of companion services does not entail hands-on medical care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with the individual's plan of care and is provided to improve community membership and/or an individual's quality of life when no other unpaid person is available to act in this capacity.

7.5.1 Staff Qualifications:

7.5.1.aA companion may be a member of the individual's family, however, payment will not be made for services furnished by the individual's parent, step-parent or adoptive parent, or by the individual's domestic partner or legal guardian. Furthermore, siblings under the age of eighteen (18) may not be paid for services.

7.5.1.bAll companions must meet the qualifications as stated within the "General Requirements" section and the service must be monitored by a QMRP or designee.

7.6 Adult Day Health

Adult day health services are furnished on a regular basis outside of an individual's home, encompassing both health and social/recreational services needed to ensure the optimal functioning of the individual. Adult day health services will be provided as indicated in the individual's plan of care. Meals provided as part of these services shall not constitute a "full nutritional regimen".

Secondary services include transportation; physical, occupational and speech therapies; psychotherapy; and, psychiatric services. These may be provided as component parts of adult day health services.

7.6.1 Staff Qualifications:

The provider must be a high school graduate or equivalent; be a minimum of eighteen years of age; be trained in areas specific to the needs of the individual; and, the service must be monitored by a QMRP or designee.

7.7 Residential Habilitation Services

These services include a wide range of interventions with a particular focus on training in one or more of the following skill areas: eating and drinking; toileting; personal grooming, physical and emotional health care; dressing; communication; interpersonal relationships; mobility; home management; and, use of leisure time. Services may be offered in a variety of settings relative to the specific needs and

DIVISION OF MENTAL RETARDATION

AID MANUAL
95

HOME AND COMMUNITY-BASED WAIVER SERVICES

PROCEDURES
Page 66

desires of the individual and as approved by the State. Residential habilitation services will be provided as indicated in the individual's plan of care.

A *secondary service* allowable in residential habilitation is environmental modifications, including equipment, to assure accessibility as well as the health and safety of the individual.

7.7.1 Staff Qualifications:

7.7.1.aA residential provider may be a member of the individual's family, however, payment will not be made for services furnished by the individual's parent, step-parent or adoptive parent, or by the individual's domestic partner or legal guardian. Furthermore, siblings under the age of eighteen (18) may not be paid for services. Family members who provide residential services must meet the same standards as providers who are unrelated to the individual.

7.7.1.bThe provider must be a high school graduate or equivalent; be a minimum of eighteen years of age; be trained in areas specific to the needs of the individual; and, the service must be monitored by a QMRP or designee.

7.7.1.cIn addition, any residential provider, family or non-family, who *resides* with the individual (shares a residence) must be a minimum of twenty-one (21) years of age.

7.7.2For billing purposes:

7.7.2.aResidential habilitation cannot be used to pay for room and board costs for the individual.

7.7.2.bThere may be instances when the cost of room and board for support staff may be covered. Contact DMR for further information.

7.7.2.cIn order to be reimbursed for residential habilitation services, at least one non-recreational service must be provided.

7.8Level A Day Habilitation Services

These services provide assistance with the acquisition, retention, or improvement of self-help, socialization, and basic life skills. Services will be furnished on a regular basis as indicated in the individual's plan of care. Level A day habilitation services shall focus on enabling the individual to attain his/her greatest potential for independence.

Secondary services include transportation; physical, occupational and speech therapies;

DIVISION OF MENTAL RETARDATION

AID MANUAL
95

HOME AND COMMUNITY-BASED WAIVER SERVICES

PROCEDURES
Page 67

psychotherapy; and, psychiatric services. These may be provided as component parts of level A day habilitation services.

7.8.1 Staff Qualifications:

The provider must be a high school graduate or equivalent; be a minimum of eighteen years of age; be trained in areas specific to the needs of the individual; and, the service must be monitored by a QMRP or designee.

7.9 Level B Day Habilitation Services

These services provide intensive supports to empower the individual to become more self-sufficient. Level B day habilitation services provide assistance and training to enable the individual to: follow verbal, pictorial, and written directions; perform multi-step tasks in proper sequence and within an appropriate period of time; increase span of attention; ask questions or seek assistance when needed; increase personal initiative; develop temporal skills; manage personal financial resources; independently use community resources, such as transit services; recognize situations which are dangerous or threatening to health and respond properly; and, behave in a manner that is appropriate to the situation and those with whom the individual is interacting. Services will be furnished on a regular basis as indicated in the individual's plan of care.

Secondary services include transportation; physical, occupational and speech therapies; psychotherapy; and, psychiatric services. These may be provided as component parts of level B day habilitation services.

7.9.1 Staff Qualifications:

The provider must be a high school graduate or equivalent; be a minimum of eighteen years of age; be trained in areas specific to the needs of the individual; and, the service must be monitored by a QMRP or designee.

7.10 Supported Employment Services

These services consist of paid employment for people for whom competitive employment at or above the minimum wage is unlikely without such assistance, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which people without disabilities are employed. Supported employment includes activities needed to sustain paid work by the individual, including supervision and training. When supported employment services are provided at a work site in which people without disabilities are employed, payment will be made only for the adaptations, supervision and training required by the individual as a result of his/her disability, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

DIVISION OF MENTAL RETARDATION

AID MANUAL
95

HOME AND COMMUNITY-BASED WAIVER SERVICES

PROCEDURES
Page 68

Secondary services include transportation; physical, occupational and speech therapies; psychotherapy; and, psychiatric services. These may be provided as component parts of supported employment services.

7.10.1 Eligible individuals:

Supported employment is only available to people receiving Waiver services who have been previously admitted to an ICF/MR or a nursing facility.

7.10.2 Staff Qualifications:

The provider must be a high school graduate or equivalent; be a minimum of eighteen years of age; be trained in areas specific to the needs of the individual; and, the service must be monitored by a QMRP or designee.

7.10.3 For billing purposes:

7.10.3.a Reimbursement will not be made for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

7.10.3.a1 Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

7.10.3.a2 Payments that are passed through to individuals participating in supported employment programs; or,

7.10.3.a3 Payments for vocational training that are not directly related to an individual's supported employment program.

7.10.3.b Documentation of the following information must be maintained in the file of each individual receiving supported employment services:

7.10.3.b1 the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142; and,

7.10.3.b2 the individual has been deinstitutionalized from a nursing facility or ICF/MR at some prior period.

7.11 Crisis Services

Crisis services provide direct consultation and clinical evaluation of individuals who are currently experiencing or may be expected to experience, a psychological, behavioral or emotional crisis. Crisis services may provide training and staff development related to the needs of an individual. Crisis services also provide for emergency back-up involving the direct support of the person in crisis.

DIVISION OF MENTAL RETARDATION

AID MANUAL
95

HOME AND COMMUNITY-BASED WAIVER SERVICES

PROCEDURES
Page 69

7.11.1 Staff Qualifications:

7.11.1.a Clinical evaluation and consultation activities must be performed by a Master's level graduate with a degree in a related human services field.

7.11.1.b Emergency back-up services must be provided by a high school graduate or equivalent; who is a minimum of eighteen years of age; trained in areas specific to the needs of the individual; and, whose service is monitored by a QMRP or designee.

7.12 For billing purposes (all Waiver services):

7.12.1 An individual approved for Waiver services is assigned a procedure code which designates a daily rate.

7.12.2 Waiver Rate Adjustment Forms (WRAF) must be submitted on an annual basis. Services funded must reflect services provided. If a significant change to services occurs during the fiscal year, a new WRAF must be submitted reflecting this change.

7.12.3 Billing may be submitted every two weeks. Only those services provided may be billed. If implementation of the approved plan is delayed, or a gap in services exceeds fourteen (14) calendar days, a WRAF must be submitted for approval of a revised procedure code.

7.12.4 Billing may not occur when an individual has been admitted to the Vermont State Hospital, an ICF/MR, correctional facility, nursing facility, or general hospital.

7.12.5 Waiver services are all inclusive. No other mental retardation Medicaid service may be billed on the same day.

7.12.6 All high frequency services require an IPP objective.

7.12.7 If services are temporarily transferred to Vermont Crisis Intervention Network (VCIN) for more than fourteen (14) days, the IPP must be modified to incorporate a change in service provider and services (if applicable).

7.12.8 In order for the secondary services of psychotherapy or chemotherapy to be reimbursable, the minimum requirements, as outlined in the Clinic and Rehabilitation sections, must be met.

7.12.9 The IPP must document the specific number of hours of day services that the individual receives.

7.13 Required documentation for Waiver is:

DIVISION OF MENTAL RETARDATION

AID MANUAL
95

HOME AND COMMUNITY-BASED WAIVER SERVICES

PROCEDURES
Page 70

AUDIT ITEM	STANDARD REQUIREMENTS	REQUIREMENTS SPECIFIC TO SERVICE	NUMBER OF AUDIT ITEMS
PSYCHOLOGICAL EVALUATION	<ol style="list-style-type: none"> 1. NARRATIVE SUMMARY 2. STANDARDIZED TESTS 3. CONCLUSIONS/DIAGNOSIS 4. QUALIFIED EVALUATOR 	NONE	4
DEVELOPMENTAL ASSESSMENT	<ol style="list-style-type: none"> 1. DEVELOPMENTAL TOOL OR ADAPTIVE BEH. SUMMARY 2. SIGNATURE OF EVALUATOR* 	NONE	1/2
IPP	<ol style="list-style-type: none"> 1. GOALS 2. OBJECTIVES 3. PHYSICIAN PRESCRIPTION 4. QMRP APPROVAL 5. INDIVIDUAL'S APPROVAL 6. GUARDIAN'S APPROVAL (OR INDICATION OF ATTEMPTS)* <p style="text-align: center;">*WHEN NEEDED</p>	7. PRESCRIPTION OF ALL APPLICABLE SERVICES	6/7
SERVICE DOCUMENTATION	<ol style="list-style-type: none"> 1. DATE 2. LOCATION 3. AMOUNT OF TIME 4. SIGNATURE OF QUALIFIED PROVIDER 	<ol style="list-style-type: none"> 5. FREQUENCY OF SERVICE(S) 6. STAFF RATIO* 7. MONTHLY SUMMARY RELATED TO HIGH FREQUENCY SERVICE(S) 8. MONTHLY SUMMARY SIGNED BY AUTHOR AND QUALIFIED SUPERVISOR (IF NOT WRITTEN BY A QMRP) 9. CURRENT WAIVER RATE ADJUSTMENT FORM 10. SERVICE CODE(S) 11. ANNUAL PHYSICAL <p style="text-align: center;">*WHEN NEEDED</p>	10/11
TOTAL NUMBER OF AUDIT ITEMS			21-24

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

AUDIT PROCEDURES

PROCEDURES
Page 71

AUDIT PROCEDURES

8.0 AUDITS

Audits are completed by DMR staff annually on all mental retardation Medicaid services. All CMHC's and other designated providers are audited.

8.1 Desk Audits

Desk audits may be performed annually by the Department of Mental Health and Mental Retardation to determine statewide norms and patterns of service delivery and billing practices.

If a desk audit reveals substantial utilization over statewide norms, or other unusual patterns, special field audits may be performed or sanctions may be imposed.

8.2 Field Audits

Annual field audits are performed by staff from the Division of Mental Retardation for each community mental retardation provider. Statistical, financial, and clinical data are audited to verify allowability of payments made by the fiscal agent.

Mental retardation Medicaid field audits consist of five distinct segments: Clinic Services, Rehabilitation Services, Transportation Services, Targeted Case Management Services and Home and Community-Based Waiver Services.

8.2.1 Sample Size

8.2.1.a A simple random sample of all units of service billed to Medicaid is drawn for each segment, except Waiver (see below). The sample size is chosen to assure a plus or minus 3% sampling error with 95% confidence. The sample portion will vary depending on the total number of units of service reimbursed.

8.2.1.b Waiver services are audited for all individuals. Individuals who received services for a full fiscal year will have two service days audited. Individuals who received services beginning after July 1 each year will have one service day audited.

8.2.2 Error Rate Calculation

8.2.2.a The *individual error rate* is calculated for each person based on all services audited for each of the five segments. The allowable individual error rate is 10% for all services.

8.2.2.b The *segment error rate* equals the number of people whose individual error rate exceeds the allowable limit (10%) divided by the total number of

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

AUDIT PROCEDURES

PROCEDURES
Page 72

individuals audited.

8.2.2.c Only "high frequency" Waiver services are subject to audit. A high frequency service is defined as one or more services which comprise the majority of planned services.

Service	Allowable Individual Error Rate	Allowable Segment Error Rate
Clinic Services	10%	10%
Rehabilitation Services	10%	10%
Targeted Case Management Services	10%	10%
Transportation Services	10%	10%
Home and Community-based Waiver Services	10%	10%

8.2.3 Audit Outcomes

8.2.3.a All errors must be refunded or adjustments made immediately upon realization that an error in billing has occurred. An "allowable error rate" refers to the point from which other corrective action is required.

8.2.3.b An official notification of audit outcomes is provided by the Division within thirty (30) calendar days of completion of the audit.

8.2.3.c A post-audit reconciliation with the fiscal agent (EDS) must be completed within thirty (30) calendar days receipt of notification. A copy of the reconciliation materials must be sent to the Division of Mental Retardation upon completion.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

AUDIT PROCEDURES

PROCEDURES
Page 73

8.2.4. Corrective Action Plan

8.2.4.a If a segment error rate exceeds 10%, the agency must submit a corrective action plan within thirty (30) calendar days receipt of the official audit outcome notification. Content of the corrective action plan will be determined jointly by the agency and the Division based on the nature of errors identified within each segment.

8.2.4.b Division of Mental Retardation staff will review the agency's progress toward meeting the outcomes identified in the corrective action plan(s). This may take place at any time after the approved plan implementation date.

8.2.5 Audit Appeal

8.2.5.a The agency may, within fourteen (14) calendar days of notification of the audit results, request a meeting with the Director of Mental Retardation services to appeal the findings and to negotiate an amicable settlement. The agency may bring evidence, witnesses, and representation of choice to the meeting as desired, or may submit a written statement to the Director for consideration in the decision. The Director will issue a written decision regarding the appeal within fourteen (14) calendar days of the meeting or receipt of the agency's written statement.

8.2.5.b The post-audit reconciliation may be suspended until such time as a decision has been made concerning the appeal.

8.2.5.c In the event the audit findings are upheld by the Division Director, the timeline for compliance will begin with the date of the Director's decision.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

SANCTIONS

PROCEDURES
Page 74

SANCTIONS

9.0 Sanctions may be applied to an agency by the Department of Mental Health and Mental Retardation if it has been determined that the agency has significantly failed to meet its obligations with regards to federal or state law, federal or state licensure, state procedures or standards, or state contractual agreements.

9.1 Reasons for Mandatory Sanctions

Sanctions will be imposed by the Department of Mental Health and Mental Retardation against an agency for one or more of the following reasons:

9.1.1 When an agency has been suspended or terminated from the Medicare program, imposition of the same sanction as that imposed by Medicare is mandatory upon the Commissioner by federal regulation. The only appeal is to the Medicare sanctioning authority.

9.1.2 When an agency has been convicted of a violation under 33 VSA, Chapter 26, Subchapter 5, or under any Vermont statute of general applicability, and said conviction arises from or is directly related to the Medicaid program (33 VSA, Chapter 36), the agency will be suspended from further participation in the Medicaid program for a period of four years unless such suspension is specifically waived or reduced by the Secretary of Human Services.

9.1.3 When an agency has failed to retain licensure, certification or registration, which is required by state or federal law for participation in the Medicaid program, suspension from participation will be imposed.

9.2 Reasons for Discretionary Sanctions

Discretionary sanctions may be imposed by the Department of Mental Health and Mental Retardation against an agency for one or more of the following reasons:

9.2.1 Presenting or causing to be presented for payment any false or fraudulent claim for care or services, including billing for care not provided.

9.2.2 Submitting or causing to be submitted false information for the purpose of obtaining greater compensation than that to which the agency is legally entitled.

9.2.3 Submitting or causing to be submitted false information for the purpose of meeting prior authorization requirements.

9.2.4 Submitting a false or fraudulent application to obtain provider status.

9.2.5 Failing to disclose or make available to the Department of Mental Health and Mental Retardation or its authorized agent, records of services provided to

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

SANCTIONS

PROCEDURES
Page 75

individuals and records of payments received for those services.

9.2.6 Failing to provide and maintain services to individuals within accepted medical/professional community standards as adjudged by a body of peers.

9.2.7 Failing to comply with terms of the provider certification agreement printed on the Medicaid claim form.

9.2.8 Over-utilizing the Medicaid program by inducing, furnishing, or otherwise causing a person to receive care and services not required by the individual.

9.2.9 Rebating or accepting a fee or portion of a fee or charge for Medicaid individual referral.

9.2.10 Conviction of a criminal offense related to the practice of medicine resulting in death or injury to an individual.

9.2.11 Failing to meet and maintain substantial compliance with all state and federal regulations and statutes applicable to the agency's profession, business or enterprise.

9.2.12 Documented practice of billing or collecting from the individual an amount in addition to that received from Medicaid for the care or services.

9.2.13 Failing to correct deficient agency operations after receiving written notice of these deficiencies from the Department of Mental Health and Mental Retardation, other responsible state agencies, or their designees.

9.2.14 Formal reprimand or censure by an association of the agency's peers for unethical practices.

9.2.15 Presenting or causing to be presented for payment a disproportionate number of claims which are rejected or denied due to submission errors made by the agency or its agent. In this context, disproportionate is determined in relation to providers of similar services.

9.2.16 Discovering and refunding a disproportionate number of errors during a post-payment review or annual audit.

9.2.17 Failure to complete the corrective actions resulting from the agency's accepted corrective action plan.

9.3 Types of Sanctions

Mandatory sanctions shall be determined by the originating authority as previously indicated.

One or more of the following sanctions, in whole or in part, may be invoked against an agency

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

SANCTIONS

PROCEDURES
Page 76

when discretionary sanctions are imposed.

- 9.3.1 Exclusion from participation in the Medicaid program.
- 9.3.2 Suspension from participation in the Medicaid program.
- 9.3.3 Deferment or offsetting of payments to an agency.
- 9.3.4 Transfer to a closed-end provider agreement not to exceed twelve (12) months.
- 9.3.5 Mandatory attendance at provider information sessions.
- 9.3.6 Mandatory review of services by a body of peers.
- 9.3.7 Required prior authorization of services.
- 9.3.8 Review of 100% of agency's claims prior to payment.
- 9.3.9 Imposition of a mentor for a pre-determined amount of time.
- 9.3.10 Receivership of the agency for a pre-determined amount of time.
- 9.3.11 Other

9.4 Rules Governing Sanctions

9.4.1 Determination of Sanctions

The following factors shall be considered in determining discretionary sanctions to be imposed:

- 9.4.1.a the seriousness of the offense;
- 9.4.1.b the extent of the violation;
- 9.4.1.c the history of prior violations;
- 9.4.1.d history of agency follow-through and commitment to plans for positive change;
- 9.4.1.e prior imposition of sanctions;
- 9.4.1.f prior provision of agency information and training;
- 9.4.1.g agency willingness to adhere to program rules;
- 9.4.1.h agreement to make restitution;
- 9.4.1.i actions taken or recommended by peer groups or licensing boards; and,

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

SANCTIONS

PROCEDURES
Page 77

9.4.1. Whether a lesser sanction will be sufficient remedy.

9.4.2 Notification of Sanctions

9.4.2.a When the staff of the Department of Mental Health and Mental Retardation determine that grounds for sanctioning exist and an agency sanction will be applied, the Commissioner of Mental Health and Mental Retardation or his/her designee notifies the agency in writing. The notice will include the following:

9.4.2.a1 the nature of the discrepancy or inconsistency;

9.4.2.a2 the dollar value, if any, of such discrepancy or inconsistency and the method of computing such dollar value;

9.4.2.a3 that one or more sanctions may be taken; and,

9.4.2.a4 notice of the agency's rights of appeal to the decision.

9.4.2.b The agency will also be notified when a decision is made to impose no sanctions.

9.4.2.c When an agency's participation in the Medicaid program has been suspended or terminated, the Commissioner or his/her designee may notify the individuals for whom the agency has submitted claims for services, that such agency has been suspended or terminated.

9.4.2.d When a sanction is imposed, the Commissioner or his/her designee may also notify the Secretary of the Agency of Human Services, the Department of Social Welfare, and/or the Medicaid Fraud Unit of the Attorney General's office.

9.4.3 Scope of Sanction

9.4.3.a A sanction may be applied to all known affiliates of an agency, provided that each decision to include an affiliate is made on a case-by-case basis after giving due regard to all relevant facts and circumstances. The violation, failure, or inadequacy of performance may be imputed to a person with whom the agency is affiliated where such conduct was accomplished within the course of his official duty or was effectuated by him with the knowledge or approval of such person.

9.4.3.b Suspension or exclusion from participation of any agency shall preclude such agency from submitting claims for payment, either personally or through claims submitted by a clinic, group, corporation, or other

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

SANCTIONS

PROCEDURES
Page 78

association to the Department of Mental Health and Mental Retardation or its fiscal agent for any services or supplies provided prior to the effective date of the suspension or exclusion.

9.4.3.c No clinic, group, corporation, or other organization that is a provider of services shall submit claims for payment to the Department of Mental Health and Mental Retardation or its fiscal agent for any services or supplies provided by a person within such organization who has been suspended or excluded from participation in the Medicaid program except for those services and supplies provided prior to the effective date of the suspension or termination.

9.4.3.d When provisions (listed under "Reasons for Sanctions") of this Section are violated by a provider of services, the Department of Mental Health and Mental Retardation may suspend or terminate such organization or any individual within said organization who is responsible for such violation.

9.5 Rights of Appeal to Sanctions

9.5.1 Mandatory Sanctions: The rights of appeal from mandatory sanctions are limited to the appeal rights inherent in the originating authority (i.e., the Medicare sanctioning authority; the courts; or the licensing authority as appropriate to the cause for sanction).

9.5.2 Discretionary Sanctions: The following appeal rights apply to discretionary sanctions.

9.5.2.a Director of Mental Retardation: The agency may, within fourteen (14) calendar days of notification, request a meeting with the Director of Mental Retardation to negotiate an amicable settlement of the discrepancy or request a Commissioner's conference to be heard on the matter (as below).

9.5.2.b The agency may bring evidence, witnesses, and representation of choice to either the meeting or conference as desired, or may submit a written statement to the Director or Commissioner for consideration in the decision to impose sanctions.

9.5.2.c If a mutually agreeable settlement is negotiated with the Director of Mental Retardation, formal sanctions are discontinued at this point. If not, at any point in the negotiation, at the discretion of either party, a Commissioner's conference may be requested to resolve the issue.

9.5.2.d Commissioner's Conference: If the agency prefers to bypass negotiation with the

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

SANCTIONS

PROCEDURES
Page 79

Director of Mental Retardation, and within fourteen (14) calendar days of notification requests a Commissioner's conference on the matter in dispute, or negotiations are unsuccessful at the Director's level and a conference is requested, a date shall be set, with notice sent to all parties, and the conference conducted within twenty-one (21) calendar days from the date of the request.

9.5.2.e The purpose of the conference shall be to assure that the Commissioner has all pertinent information at hand prior to making a decision regarding imposition of sanctions. The agency may utilize any records, witnesses, or other information which will be helpful in achieving this purpose and may utilize legal or other representation in the presentation. The conference will be recorded and pertinent records retained by the Department at least until the end of the appeal hearing.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

SANCTIONS

PROCEDURES
Page 80

9.5.3 Appeal to the Secretary of the Agency of Human Services:

9.5.3.a An agency may appeal a discretionary sanction to the Secretary within fourteen (14) calendar days after: 1) the decision of the Director of Mental Retardation Services; or 2) the decision of the Commissioner of Mental Health and Mental Retardation, by requesting, in writing, a hearing before the Secretary of Human Services. Unless a timely request for hearing is received by the Secretary, the sanctions shall be considered final and binding.

9.5.3.b A hearing on the appeal shall be conducted within forty-five (45) calendar days of the request by the Secretary or a hearing officer appointed by the Secretary, under the same rules of conduct as are in current use for hearings before the Human Services Board.

9.5.4 Conditions of Appeal:

9.5.4.a If, after written notice is provided, there has been no request from the agency for either a Director's meeting or Commissioner's conference at the end of fourteen (14) calendar days, this shall be noted, and the Director or the Commissioner shall proceed, on the basis of the information at hand, to impose the sanction(s) previously outlined.

9.5.4.b Sanctions imposed will be suspended pending the outcome of the hearing. However, payment on pending and future claims may be deferred pending resolution of the appeal.

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

INDEX

PROCEDURES
Page 81

INDEX

PAGE

Annual Physical, 1.7	5
Audits, 8.0.....	62
Audit Appeal, 8.2.5	64
Audit Outcomes, 8.2.3.....	63
Billing Clarifications, 2.0	6
Clinic Services, 3.0.....	10
Diagnosis & Evaluation, 3.1	10
Comprehensive Evaluation, 3.1.5.....	17
Developmental Assessment, 3.1.3.....	15
Individual Program Plan (IPP), 3.1.1	10
Psychological Consultation, 3.1.2.....	13
Psychological Evaluation, 3.1.2	13
Social History, 3.1.4	16
Chemotherapy, 3.5.....	25
Emergency Care, 3.4	23
Group Therapy, 3.3.....	21
Individual Psychotherapy, 3.2.....	18
Contracted Providers, 2.15	9
Correctional Facility, 2.19.....	9
Corrective Action Plan, 8.2.4.....	64
Daily Rate (maximum), 2.12.....	8
Desk Audits, 8.1	62
Documentation, General Requirements, 1.8	5
Documentation, Required for Reimbursement (see under specific service).....	
Eligible Providers, 1.2.....	2
Error Rate Calculations, 8.2.2	62
Field Audit, 8.2.....	62
General Documentation Requirements, 1.8	5
General Hospital, 2.19.....	9
Home and Community-Based Waiver Services (see also Waiver), 7.0.....	53
Medical Services, 2.1	6
Intermediate Care Facility for the Mentally Retarded (ICF/MR), regulations	1
Intermediate Care Facility for the Mentally Retarded (ICF/MR), day rehabilitation eligibility	44
Individual Program Plan (see under Clinic/Rehabilitation, Diagnosis and Evaluation)	
Individual Program Plan Approval, 1.4.....	3
Physician's Prescription, 1.3	2
Primary Program Assignment, 2.13.....	8
Psychological Evaluation, children, 1.8.10.....	6
Psychological Evaluation, components, 1.9.9.a	6
Qualified Mental Retardation Professional (QMRP) Definition, 1.6.....	4
Rehabilitation Services, 4.0.....	27
Diagnosis & Evaluation, 4.1	27
Comprehensive Evaluation, 4.1.5.....	34
Developmental Assessment, 4.1.3	32

DIVISION OF MENTAL RETARDATION

MEDICAID MANUAL
07/01/95

INDEX

PROCEDURES
Page 82

Rehabilitation Services (continued)	
Individual Program Plan (IPP), 4.1.1	27
Psychological Consultation, 4.1.2.....	30
Psychological Evaluation, 4.1.2	30
Social History, 4.1.4	33
Chemotherapy, 4.5.....	42
Day Rehabilitation, 4.6.....	43
Emergency Care, 4.4	40
Group Therapy, 4.3.....	38
Individual Psychotherapy, 4.2.....	35
Nursing Facility Day Rehabilitation, 4.7	45
Sanctions, 9.0.....	65
Sanctions, Appeals, 9.5	69
Sanctions, Types of, 9.3.....	67
Sanctions, Reasons for, 9.1 and 9.2.....	65
Sanctions, Rules Governing, 9.4	67
Services.....	
Clinic, 3.0.....	10
Rehabilitation, 4.0.....	27
Home and Community-Based Waiver (see also Waiver Services), 7.0.....	53
Targeted Case Management, 5.0	48
Transportation, 6.0	51
Service Rates, 2.9 through 2.13.....	8
Staff Qualifications, General, 1.5	3
Staff Qualifications, Service Specific (see under specific service).....	
Targeted Case Management, 5.0	48
Third Party Liability, 1.1	1
Time/Unit Clarification, 2.6	7
Transportation (non-Waiver), 6.0	51
Vermont State Hospital, 2.19	9
Waiver Services, 7.0	53
Adult Day Health, 7.6	55
Case Management, 7.2.....	53
Companion, 7.5	55
Crisis, 7.11.....	59
Level A Day Habilitation, 7.8	56
Level B Day Habilitation, 7.9	57
Personal Care, 7.3	53
Residential Habilitation, 7.7.....	55
Respite, 7.4	54
Supported Employment, 7.10.....	57
Waiver Services, general billing procedures, 7.12.....	59