

**Department of Human Services**  
**Division of Mental Health**  
**M E M O R A N D U M**

DATE: August 5, 2009

TO: DHS/DMH Community Mental Health Providers

FROM: Jackie Manker, Associate Director for Community Services

SUBJECT: Update on FY10 Provider Monitoring

Despite the disruptions to our budget that we've experienced recently, DHS/DMH and our community providers must still ensure we are providing high quality services with clear documentation of those services in accordance with Rule 132 and clinical standards. To that end, DHS/DMH must continue our provider monitoring work. We continue to make concerted efforts to ease any administrative burden to providers caused by this monitoring.

In Fiscal Year 2010 (FY10), DHS/DMH with our partners the Illinois Mental Health Collaborative for Access and Choice will visit all of our community providers. All site visits will continue to be announced the week prior to the visit to allow providers time to pull the necessary documentation. These reviews are no longer coordinated with DHS/BALC visits, though the two divisions continue to work together to ensure consistency. The reviewers will utilize the Post Payment Review (PPR) tool, the Clinical Practice and Guidance (CPG) tool, and the Assertive Community Treatment (ACT) Tool. There have been no changes to the ACT tool since it was used in Fiscal Year 2008. For the FY10 monitoring materials, go to [www.illinoismentalhealthcollaborative.com/providers.htm](http://www.illinoismentalhealthcollaborative.com/providers.htm) and click on "Provider Information" (or just click on the "Provider Monitoring" link on the Collaborative home page).

**Post Payment Review (PPR)**

During the last quarter of FY09, we made several changes to the way Post Payment Review items were scored. Three items on that tool became procedural (2, 5, and 10), and three items became correctable (4, 9, and 12). We also began requesting plans of improvement for scoring below set thresholds. Providers who were already reviewed in FY09 have received official "rescore" final notices reflecting the change. These procedures continue into FY10.

Connected to the above changes, the Post Payment Review database and its reports have been changed. At the time of the change, DHS/DMH took the opportunity to get feedback from several providers to ensure the revised format and content of these reports was more user-friendly for providers.

We have made a few improvements to the Post Payment Review tool. We have added elements to indicate if the Mental Health Assessment or the Individual Treatment Plan

could not be located in the clinical record. If these parts of the records were merely misplaced, providers should now find it easier to reconcile this issue during the additional documentation step. Note that this change has changed the numbering for items 11 and 19 but the rest of the tool numbers have stayed the same. We have also made some minor clarifications to the wording of a few items. These changes do not affect the meaning of the item but are intended to more clearly communicate what reviewers are looking for. To ensure a clear understanding between the reviewers and providers, the Post Payment Review Interpretive Guidelines have also been updated with additional examples and clarifications.

The final change we have made to the Post Payment Review process is the way we are pulling the claims. For FY10, we will pull claims beginning 30 days after the last review. This is to ensure providers were able to implement changes identified in their last review. In addition, we are utilizing a different sampling technique that allows us to pull fewer claims for smaller providers while still ensuring statistical significance. This change should ensure less administrative burden for many providers.

### **Clinical Practice and Guidance (CPG)**

In another effort to ease administrative burden, DHS/DMH will only monitor some providers in FY10, according to FY09 performance on the Clinical Practice and Guidance review. Only those providers receiving an overall score of 3 or below or a notably low score on an individual item in FY09 should receive a CPG review in FY10.

We have made a few improvements to the Clinical Practice and Guidance tool. We have added an element to identify if documentation is demonstrating that treatment builds on the identified strengths of the consumer. Basing the assessment, treatment planning, and treatment on an individual's strengths is a clinical priority to DHS/DMH. This item will help us give focused feedback to providers on using strengths to guide all phases of treatment.

The wording on item #10 has been changed to "There is evidence of changes in or re-evaluation of medication during periods of changing symptoms." Previously the item looked for changes during periods of "instability".

The final change we have made to the Clinical Practice and Guidance review process is to simplify the scoring anchors. Previously, some items were scored 1-3-5 and some 1-2-3-4-5. Now all items are scored 1-3-5. Plans of improvement will continue to be triggered by scores of 3 or below.

We thank you for your continued excellent work. Please contact your DHS/DMH Regional staff with any questions.

Cc: Lorrie Rickman Jones, Ph.D., Director, DHS/DMH  
DHS/DMH Regional Directors and Contract Managers