



KEPRO Overview of Professional Therapy (Individual, Group & Family)

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Purpose & Objectives

- 1) Identify the Role of KEPRO
- 2) Discuss Medical Necessity Criteria
- 3) Overview & Purpose of Professional Therapy
- 4) Identify Staff Qualifications
- 5) Review Therapy Codes
- 6) Identify Therapy Components
- 7) Discuss Documentation Requirements with Examples
- 8) Review KEPRO Consultation Scoring Tool for Therapy

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KEPRO

- ▶ KEPRO is an Administrative Service Organization contracted with three Bureaus within West Virginia Department of Health and Human Resources (DHHR):
 - Bureau for Medical Services (BMS)
 - Bureau for Children and Families (BCF)
 - Bureau for Behavioral Health (BBH)

- KEPRO, in conjunction with the Bureau for Medical Services, is conducting this webinar training for fee-for-service providers.

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Medical Necessity

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MEDICAL NECESSITY CRITERIA

- Medical Necessity is services that are:
 - ① Appropriate and necessary for the symptoms, diagnosis or treatment of an illness;
 - ② Provided for the diagnosis or direct care of an illness;
 - ③ Within the standards of good practice;
 - ④ Not primarily for the convenience of the member or provider; and
 - ⑤ The most appropriate level of care that can safely be provided.
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Demonstrating Medical Necessity for Therapy

Therapy Documentation should demonstrate Medical Necessity of the service by:

- 1) The purpose of the service, and subsequent therapeutic interventions links directly to the diagnosis of the member.
 - 2) Documentation demonstrates the member has continuing symptoms that create functional deficits as a result of their diagnosis.
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Areas of Caution Related to Medical Necessity for Therapy

- **Other/outside sources do not establish medical necessity**
 - ▶ For example, court referrals, physician referrals, placement alone, do not automatically establish medical necessity.
 - ▶ The documentation itself, related to the members symptoms and functional deficits and interventions to address them, either establishes medical necessity criteria or doesn't.

- **Medical Necessity criteria continues to be reflective and established within each service provided and each progress note within the member's clinical record**
 - ▶ For example, the member may have met medical necessity at admission for Professional Therapy services; however, after a period of time they no longer meet the criteria.

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Overview & Purpose of Therapy

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Therapy

- The purpose of Psychotherapy is to treat mental illness or behavioral disturbances by utilizing definitive therapeutic communication to alleviate emotional distress, to reverse or change maladaptive behaviors and encourage personal growth and development.
- Therapy includes an ongoing assessment and adjustment of psychotherapeutic interventions as the service is progressively implemented.
- The service must be face-to-face with the member and/or family; however, the member must be present for all or part of the service, with the exception of Family Therapy without Patient Present (*only available in the Private Practice manual*).
 - Telehealth is considered face-to-face if allowed for the service.

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Credentialing & Service Codes

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Staff Qualifications

- ❖ Providers must maintain documentation of staff qualifications in staff personnel files.
- ❖ Documented evidence includes, but is not limited to transcripts, licenses, credentials, background checks, trainings and certificates.
- ❖ WV Cares meets these standards.
 - ❖ Please refer to Chapter 700 WV CARES Provider Manual: [https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter 700 WV CARES Policy FinalApprovedforManual.pdf](https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20700%20WV%20CARES%20Policy%20FinalApprovedforManual.pdf)

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Private Practice Therapy Service Codes

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Private Practice Individual Therapy Codes

Procedure Code 90832 – (16-37 minutes); **Procedure Code 90834** – (38-52 minutes);
Procedure Code 90837 – (53 or more minutes)

Modifier Availability – AJ (Required when service is rendered by licensed Psychologist, Supervised Psychologist who is supervised by a Board approved Supervisor, LICSW, LPC, LCSW, or LGSW, if not independently enrolled.)

- If used under Telehealth, the GT Modifier must be used and place of service indicated.

Staff Credentials – Must be performed by a WV licensed Physician in good standing with the WV Board of Medicine, Physician Extender, WV license Psychologist, Supervised Psychologist who is supervised by a Board approved Supervisor, LICSW, LPC, LCSW, or LGSW.

- All codes are face to face services with the member or family member, in which the member must be present for all or some of the service.
- Telehealth is considered face-to-face
- **The code used should be the one that is closest to actual time spent.**

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Private Practice Group Therapy Codes

Procedure Code 90853

Modifier Availability – AJ Modifier (Required when service is rendered by licensed Psychologist, Supervised Psychologist who is supervised by a Board approved Supervisor, LICSW, LPC, LCSW, or LGSW, if not independently enrolled.)

- If used under Telehealth, the GT Modifier must be used and place of service indicated.

Service Limits – Maximum limit of 12 individuals in a group setting regardless of payer source. The members of the group should not be of the same family.

Staff Credentials – Must be performed by a WV licensed Physician in good standing with the WV Board of Medicine, Physician Extender, WV licensed Psychologist, Supervised Psychologist who is supervised by a Board approved Supervisor, LICSW, LPC, LCSW or LGSW.

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Private Practice Family Therapy Service Codes

Procedure Code 90846 (45-50 minutes)

- If used under Telehealth, the GT Modifier must be used and place of service indicated.

Definition – This code is specific to family psychotherapy **without** the patient present in the therapeutic session.

Staff Credentials – Must be performed by a WV licensed Physician in good standing with the WV Board of Medicine, Physician Extender, WV licensed Psychologist, Supervised Psychologist who is supervised by a Board approved Supervisor, LICSW, or LPC.

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Private Practice Family Therapy Service Codes

Procedure Code 90847 (45-50 minutes)

Modifier Availability - AJ

Definition – This code is specific to family psychotherapy **with** the patient present in the therapeutic session.

Staff Credentials – Must be performed by a WV licensed Physician in good standing with the WV Board of Medicine, Physician Extender, WV licensed Psychologist, Supervised Psychologist who is supervised by a Board approved Supervisor, LICSW, or LPC.

Modifier Availability – AJ Modifier (Required when service is rendered by licensed Psychologist, Supervised Psychologist who is supervised by a Board approved Supervisor, LICSW, LPC, LCSW, or LGSW, if not independently enrolled.)

- If used under Telehealth, the GT Modifier must be used and place of service indicated.

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Difference Between Use of Individual Versus Family Therapy

Inclusion of the family in an Individual Therapy session (e.g., Procedure codes 90832, 90834, or 90837) would be to reinforce specific interventions related to the member's behavioral health condition, or obtain feedback on member progress. *This would usually occur just prior to, or following the session with the member.*

Family Therapy codes (either with (90847) or without (90846) patient present should be utilized when the focus is on dynamics within the family that are impacting the member's behavioral health condition and family therapy treatment strategies are employed.

- The provider should be mindful that non-directional play therapy, "Parenting" or Couples Therapy (e.g., Marital Therapy) are not covered under these Procedure Codes.

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Private Practice Psychotherapy for Crisis

Procedure Code 90839 (60 minutes); 90840 (add on for each additional 30 minutes used in conjunction with 90839)

Definition – This code is specific to providing psychotherapy for a crisis where an urgent assessment and intervention is necessary to diffuse the crisis. The service must be provided face to face with the member and may include their family.

Staff Credentials – Must be performed by a WV licensed Physician in good standing with the WV Board of Medicine, Physician Extender, WV licensed Psychologist, Supervised Psychologist who is supervised by a Board approved Supervisor, LICSW, or LPC.

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Private Practice Psychotherapy for Crisis

The Psychotherapy for Crisis codes should not be used for the following:

- Response to a domestic violence situation.
 - Admission to a hospital
 - Admission to a Crisis Stabilization Unit
 - Time waiting for transportation or the transportation itself
 - Removal of a minor or an incapacitated adult from an abusive or neglectful household
 - Completion of a certification for involuntary commitment.
 - May not be used in conjunction with a 90791.
- ❖ The provider must devote their full attention to the member and may not provide services to any other member during the same time period that this service is being provided.

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Private Practice Psychotherapy for Crisis

The purpose of Psychotherapy for Crisis is to diffuse the crisis and restore safety through use of therapeutic interventions that minimize psychological trauma. The presenting problem is usually life threatening or complex and requires immediate attention to a member who is in high distress.

- ❖ Documentation of this service must include a mental status exam and a brief description of the precipitating crisis situation, as well as meet all other documentation requirements of the therapy service codes.

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LBHC Therapy Service Codes

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LBHC Individual Therapy Code

Procedure Code H0004 HO – (15 minutes each unit)

Modifier Availability – GT Modifier must be used when provided via Telehealth

Staff Credentials – Must be performed by a clinician with a minimum of a master’s degree in the human service field using generally accepted practice of therapies recognized by national accrediting bodies for psychology, psychiatry, counseling, and social work.

- Interns (BA level staff in a Master’s Program but have yet to receive their actual Master’s Degree) do not meet the credentialing requirements.
- The service is face to face, and may include the parents/family.
- This service may not be used to provide non-directional play therapy, marital therapy or “parenting.” However, work with children will often involve work with the parents as the agent of change and structured therapies that provide parents with tools to address inappropriate behavior and promote adaptive coping skills in children are highly appropriate.

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LBHC Group Therapy Code

Procedure Code H0004 HO HQ – (15 minutes each unit)

Modifier Availability – GT Modifier must be used when provided via Telehealth

Staff Credentials – Must be performed by a clinician with a minimum of a master's degree in the human service field using generally accepted practice of therapies recognized by national accrediting bodies for psychology, psychiatry, counseling, and social work.

- Interns (BA level staff in a Master's Program but have yet to receive their actual Master's Degree) do not meet the credentialing requirements.
- The service is face to face.
- This service would not be appropriate to utilize for provision of family therapy services.

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Internal Credentialing, LBHC

- The clinician should be internally credentialed to provide therapy services to address the behavioral health condition (i.e. diagnosis) indicated.
 - Clinicians should be mindful to conduct these services within their scope of practice.
- All clinicians should receive regular clinical supervision, where appropriate, as outlined within their agency's policy congruent with the WV Medicaid Provider Manual.

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Medication Assisted Treatment Overlay For LBHC's and Private Practices

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Credentialing Requirements - MAT

- Phase I (less than 12 months compliance with treatment) must attend at minimum four hours of psychotherapy with at least one of those hours being Individual.
- Phase II (12 or more months compliance) must attend at minimum one hour, which may be individual, family, or group therapy.
- Under the MAT overlay **only**, the service may be performed by a clinician holding a BA degree in Human Services without an Alcohol and Drug Credential.
 - The service must be directly related to the substance abuse disorder and may not go beyond that area of focus.
 - The clinician must be supervised by a higher level clinician.

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Credentialing Requirements – MAT, Cont.

Staff Credentials: The following are the minimum supervision requirements per degree/credential type:

- ▶ **Bachelor’s Degree in Human Services without Alcohol and Drug Counselor Credential ***: Indirect supervision required by Clinical Supervisor, Advanced Alcohol and Drug Counselor, Certified Clinical Counselor, Master Addiction Counselor, Licensed Psychologist, Licensed Professional Counselor, or Licensed Independent Clinical Social Worker.
- ▶ **Master’s Degree Only, includes Licensed Clinical Social Worker and Licensed Graduate Social Worker ***: Indirect supervision required by Clinical Supervisor, Advanced Alcohol and Drug Counselor, Certified Clinical Counselor, Master Addiction Counselor, Licensed Psychologist, Licensed Professional Counselor, or Licensed Independent Clinical Social Worker.
- ▶ **Doctoral Level, Non-Licensed ***: Indirect supervision required by Clinical Supervisor, Advanced Alcohol and Drug Counselor, Certified Clinical Counselor, Master Addiction Counselor, Licensed Psychologist, Licensed Professional Counselor, or Licensed Independent Clinical Social Worker.

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Credentialing Requirements – MAT, Cont.

- ▶ **The following providers do not require supervision*:**
 - ▶ Licensed Independent Clinical Social Worker
 - ▶ Licensed Psychologist
 - ▶ Board Supervised Psychologist
 - ▶ Licensed Professional Counselor
 - ▶ National Certified Addiction Counselor II
 - ▶ Master Addiction Counselor
 - ▶ Bachelor’s Degree in Human Services with Alcohol and Drug Counselor Credential
- * Certification requirements for West Virginia Association of Alcoholism and Drug Abuse Counselors, Inc. (WVAADC) may be different than those included above and on slide 26. This policy is not meant to circumvent any requirements as set forth by this organization.

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Focused Versus Coordinated Care [LBHC's]

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Focused Care in an LBHC

- ▶ Members determined to have a behavioral health disorder which may be addressed through the low frequency of professional treatment services
- ▶ Treatment team consists of the professional and the member and/or member's designated legal representative who establish a treatment strategy
- ▶ The provider must develop a treatment strategy that relates directly to the behavioral health condition(s) identified as being medically necessary to treat.
 - ▶ No formal Service Plan Team Meeting (H0032), and that service may not be authorized or billed.

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Coordinated Care in an LBHC

- ▶ Members who have severe and/or chronic behavioral health conditions that necessitate a team approach to provide medically necessary services
- ▶ Treatment is usually provided on a more intensive basis (i.e. several times per week, if not daily)
- ▶ Team consists of personnel ranging from paraprofessionals through psychiatrists in providing care
- ▶ Member is likely to have a case manager who is responsible for coordinating and facilitating care
 - ▶ Not necessarily referencing TCM services but rather someone who is coordinating care.
- ▶ Coordinated Care members must have a Service Plan that “coordinates” the team approach to care.

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Components of Documentation

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Therapy Components Continued

- ▶ A Service Plan or Treatment Strategy should indicate how often the service is to be provided and the focus of the service.
- ▶ Member compliance with treatment and other information must be shared with the physician or physician extender as per the Coordination of Care Agreement.
 - ▶ This applies especially to those members participating in Medication Assisted Treatment.
 - ▶ See Appendix (same for both provider types):

https://dhr.wv.gov/bms/Provider/Documents/Manuals/Appendix521A_Coordination_of_Care_and_Release_of_Information_Form.sky.pdf

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Therapy Components

- ▶ Documentation must be LEGIBLE
- ▶ Date of Service
- ▶ Place of Service
- ▶ Start and stop times
- ▶ Signature with credentials (or electronic signature with time & date stamp)
- ▶ Reason/purpose for the service and relationship of the service to the member's identified mental health treatment needs.
- ▶ Symptoms and functioning of the member
- ▶ Therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change
- ▶ Member's response to the intervention and/or treatment
- ▶ Plan for continued therapy
 - ▶ Group therapy notes must also include group topic

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Therapy Documentation

- Therapeutic interventions should demonstrate a grounding in a specific and identifiable theoretical base that provides a framework for assessing change. These interventions should relate back to the previously identified Treatment Strategy or Service Plan objectives.

- Two ways to determine if the documentation meets both medical necessity and its service definition are:
 - 1) The diagnosis can be generally determined from the content of the progress note.
 - 2) The intervention is specific enough that another clinician could duplicate it.

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Therapeutic Interventions

- ▶ Documentation of therapeutic interventions should demonstrate the therapist is using generally accepted practice of therapies recognized by national accrediting bodies for psychology, psychiatry, counseling, and social work.

- ▶ For example, demonstration of use of CBT, Transactional Analysis, Gestalt, Acceptance and Commitment Therapy, etc. is acceptable use of this service.

- ▶ Creating Astral Charts, “Chakra Work” and Reiki are not acceptable uses of this service.

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Documentation Examples

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Appropriate Use Treatment Strategy Example:

▶ **The treatment strategy should reflect the current clinical presentation, symptoms or issues of the member and indicate each service they will participate in:**

- Ima will receive Individual and Group Therapy to learn cognitive behavioral techniques to manage her depressive symptoms.

Or

- Ima will develop constructive coping strategies to decrease depressive symptoms related to trauma in Individual Therapy.

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Inappropriate Treatment Strategy

- ▶ Ima will attend Therapy.

OR

- ▶ Ima will work on her depression.

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Appropriate Use Individual Therapy Example

Name: Ima Sad **Date:** 4/30/19 **Service:** 90837, Individual Therapy

Location: Office **Start/Stop Times:** 10:00 a.m. - 11:00 a.m.

- ▶ **Purpose:** To address thinking errors that contribute to depressive and anxiety symptoms.
- ▶ **Interval History:** Ima reported continuing to feel depressed.
- ▶ **Content:** Discussed the ABC's of behavior today emphasizing how beliefs about activating events resulted in choices that determined consequences and exacerbate depressive symptoms. Taught how cognitive distortions could be reframed to be more rationally reflective of events. Addressed how she personalizes the actions of others onto herself which contributes to negative self-concept and exacerbates her symptoms. Addressed how she doesn't know what others are thinking unless she asks, and what she is thinking may be worse than the actual intention.
- ▶ **Response:** Ima related that she had not considered this perspective before and agreed that she would practice reframing thinking errors over the following two weeks and report back on how they assist in minimizing depressive symptoms.
- ▶ **Plan:** Continue to address irrational thoughts that drive depressive symptoms.

Clinician Signature with Credentials

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Inappropriate Use of Therapy

Member Name: Ima Sad **Date:** 4/30/19

Start/Stop Times: 10:03 a.m. - 10:36 a.m.

Location: Phone **Service:** 90832

Content: Therapist met with client to discuss three things she could do to manage her depression. Discussed coping skills. She said she would draw, take a walk, or play on the internet. Will follow up again next week.

Clinician Signature with Credentials

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Appropriate Use Group Therapy

Member Name: Ima Sad **Date:** 5/1/19 **Time:** 10:04am-10:47am **Location:** Office **Service:** Group Therapy

- ▶ **Purpose/Group Topic:** To teach "I" messages as means of managing conflicts that could exacerbate depressive symptoms.
- ▶ **Interval History:** Ima continues to appear irritable and depressed.
- ▶ **Content:** Group reviewed the ABC's of behavior and identified illogical thought patterns that contribute to exacerbating depressive symptoms. Focused specifically on the magnification and personalization of antecedent events while teaching constructive reframing of these thoughts. Taught group "I" messages as a means of expressing oneself assertively rather than aggressively as a means of managing conflicts related to irritability. The group practiced the above during the session related to personal stories and issues.
- ▶ **Response:** Ima related that her depressive symptoms increase when she perceives others are looking at her "strange." The group discussed how she magnified this perception into being determinative of her self-worth and offered positive reframes.
- ▶ **Plan:** Continue to address faulty thinking patterns that contribute to depressive symptoms and conflict.

Clinician Signature with Credentials

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Inappropriate Use of Group Therapy

Member Name: Ima Sad **Date:** 5/1/19

Start/Stop Times: 10:04 a.m. -10:45 a.m.

Location: Office **Service:** Group

Purpose: To complete a worksheet entitled "Ways to Decrease Feelings of Anger"

Content: Therapist handed out worksheets on anger to group members. Members talked amongst themselves about things that made them angry and activities that made them feel better. All group members shared openly, willingly and were present for the entire group session.

Outcome: Ima was present for entire meeting. She was alert, oriented and responded to verbal cues.

Clinician Signature with Credentials

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QUESTIONS AND ANSWERS

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Retrospective Review Tools

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Individual Therapy Retrospective Review Tool for Private Practices and Focused Care

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Focused & PP Therapy Retrospective Review Tool

1.	Is there a behavioral health condition that establishes medical necessity for this service? (Note: If Question #1 scores zero, the remaining questions score zero.)	1	0		
2.	Is there an identifiable treatment strategy that reflects the current clinical presentation/symptoms/issues of the member? (Note: If this question scores 0 then questions # 3 and # 4 also score 0.)	3	1.5	0	
*3.	Is the treatment strategy being implemented based on assessed need?	3	2	1	0

Continued on next slide

Focused & PP Therapy Retrospective Review Tool (cont.)

4.	Are treatment strategies modified when significant changes in the member's clinical status are documented?	3	0		
*5.	Does service activity documentation include: <ul style="list-style-type: none"> • Practitioner Signature with appropriate Credentials • Service start and stop times • Date • Location of service • Code and/or descriptor? (Note: If there is no signature with appropriate credentials, questions 5 through 8 score 0 for those notes)	3	2	1	0
*6.	Are interventions grounded in a specific and identifiable theoretical base within the service note? (Note: If this question scores 0 then questions 3, 5 through 8 score 0 for those notes.)	3	2	1	0

Continued on next slide

Focused and PP Therapy Retrospective Review Tool (cont.)

*7.	Is the member's individualized response to treatment interventions clearly documented?	3	2	1	0
*8.	Is pertinent interval history documented including changes in symptoms and functioning and addressing appropriate high risk factors?	3	2	1	0
*9.	Are the services consistent with best practice and provided at a frequency commensurate with assessed need?	3	2	1	0
10.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score Possible is 28

- The scoring for these questions are as follows:
- 3 – 100% of the documentation meets this standard
- 2 – 99% to 75% of the documentation meets this standard
- 1 – 74% to 50% of the documentation meets this standard
- 0 – Under 50% of the documentation meets this standard



Crisis Psychotherapy Retrospective Review Tool for Private Practices

Crisis Therapy Retrospective Review Tool

1.	Is there a behavioral health condition that establishes medical necessity for this service? Was the intervention: <ul style="list-style-type: none"> ▪ Unscheduled ▪ Face-to-face activity ▪ Intended to resolve a crisis to acute psychological signs and symptoms? (Note: If Question #1 scores zero, the remaining questions score zero.)	1	0		
2.	Does service activity documentation include: <ul style="list-style-type: none"> ▪ Practitioner Signature with appropriate Credentials ▪ Service start and stop times ▪ Date ▪ Location of service ▪ Code and/or descriptor? (Note: If there is no signature with appropriate credentials, questions 2 through 8 score 0 for those notes)	3	2	1	0

Continued on next slide

Crisis Therapy Retrospective Review Tool (cont.)

3.	Does the documentation provide a description of the history of the member's acute psychiatric symptoms including duration, intensity, and frequency as well as the history of symptoms?	3	2	1	0
4.	Does the documentation contain the therapeutic interventions used to de-escalate the crisis? (Note: If this question scores 0 then questions 3, 4, 5 6, 7 also score 0.)	3	0		

Continued on next slide

Crisis Therapy Retrospective Review Tool (cont.)

5.	Does the documentation contain a mental status exam that contains the following:	3	2	1	0
	<ul style="list-style-type: none"> ▪ Appearance ▪ Behavior ▪ Attitude ▪ Level of Consciousness ▪ Orientation ▪ Speech ▪ Mood & Affect ▪ Thought Process/Form & Thought Content ▪ Suicidality & Homicidality ▪ Insight & Judgment 				

Continued on next slide

Crisis Therapy Retrospective Review Tool (cont.)

6.	Does the documentation contain a safety and/or linkage plan outlining appropriate follow-up?	3	0		
7.	Does the documentation contain the member's individualized response to treatment interventions?	3	0		

Total Score Possible is 19

- The scoring for these questions are as follows:
- 3 – 100% of the documentation meets this standard
- 2 – 99% to 75% of the documentation meets this standard
- 1 – 74% to 50% of the documentation meets this standard
- 0 – Under 50% of the documentation meets this standard



Coordinated Therapy Retrospective Review Tool

1.	Is there a behavioral health condition that establishes medical necessity for this service? (Note: If Question #1 scores zero, the remaining questions score zero.)	1	0		
2.	Is there a current Service Plan for Individual Therapy that demonstrates participation by Physician/Psychologist/ Approved Licensed Professional and member including all required signatures, credentials, each with dates, start and stop times? (Note: If Question #2 scores zero, all remaining questions will score zero.)	1	0		
3.	Does the plan demonstrate participation by all required team members, including members from other agencies involved in the behavioral health care of the member (dates, start and stop times), including all required signatures and credentials?	3	0		



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Coordinated Therapy Retrospective Review Tool (cont.)

*4.	Do the goals and objectives for individual therapy address the process for change in thoughts, feelings, and/or behaviors that are contributing to the identified problems based on assessed need and does it demonstrate service definition? [If this question scores zero, question 2 and all remaining questions score zero].	3	2	1	0
*5.	Does the Service Plan contain measurable component objectives the member would take toward achieving service plan goals? [Must meet service definition].	3	2	1	0
6.	Are goals and objectives commensurate with time spent in services?	3	0		
7.	Is the frequency and intensity at which the service is prescribed consistent with the member's assessed need?	3	0		

Continued on next slide

Coordinated Therapy Retrospective Review Tool (cont.)

*8.	Are there projected achievement dates for the objectives on the Service Plan that are realistic and stepped?	3	2	1	0
9.	Is there a Service Plan review that includes: <ul style="list-style-type: none"> ▪ A review of the amount of individual therapy provided and the objectives that were addressed ▪ Progress towards achievement of objectives ▪ Problems which impede treatment/progress (whether member or center based) ▪ Whether timelines designed for its completion were met ▪ A decision either to continue or modify the individual therapy objectives 	3	2	1	0
10.	Is the Service Plan reviewed when a critical juncture occurs in the member's clinical status?	3	0		

Continued on next slide

Coordinated Therapy Retrospective Review Tool (cont.)

11.	Does the Service Plan include individualized and measureable discharge criteria for therapy?	3	1.5	0	
*12.	Do the service notes include: <ul style="list-style-type: none"> ▪ Signature with appropriate Practitioner Credentials ▪ Service start and stop times ▪ Location of service ▪ Date ▪ Service code and/or descriptor? (Note: If there is no signature with appropriate credentials, questions #12 through #16 all score 0 for those notes.)	3	2	1	0
*13.	Are interventions grounded in a specific and identifiable theoretical base within the service note and related to the member's identified behavioral health condition? (Note: If Question #13 scores 0, then Questions 12, 14, 15, 16, and 17 score 0.)	3	2	1	0

Continued on next slide

Coordinated Therapy Retrospective Review Tool (cont.)

*14.	Does the content of the Individual Therapy service notes relate back to the individual therapy objectives and assessed need?	3	2	1	0
*15.	Does the documentation demonstrate the member's individualized response to the specific psychotherapeutic interventions utilized within the session?	3	2	1	0
*16.	Is pertinent interval history documented including changes in symptoms and functioning and addressing appropriate high-risk factors?	3	2	1	0
*17.	Are the services consistent with best practice and provided at a frequency commensurate with assessed need?	3	2	1	0
18.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Coordinated Therapy Retrospective Review Tool (cont.)

Total Score Possible is 50

- The scoring for these questions are as follows:

3 – 100% of the documentation meets this standard
 2 – 99% to 75% of the documentation meets this standard
 1 – 74% to 50% of the documentation meets this standard
 0 – Under 50% of the documentation meets this standard

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