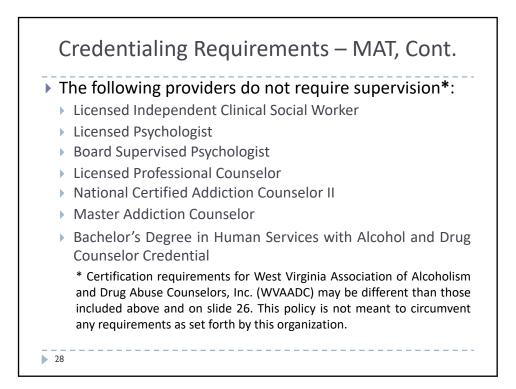


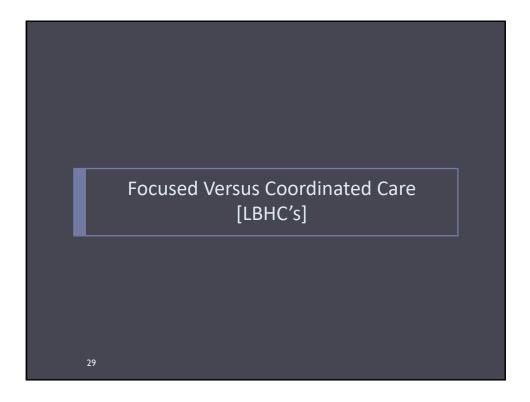
Credentialing Requirements – MAT, Cont.

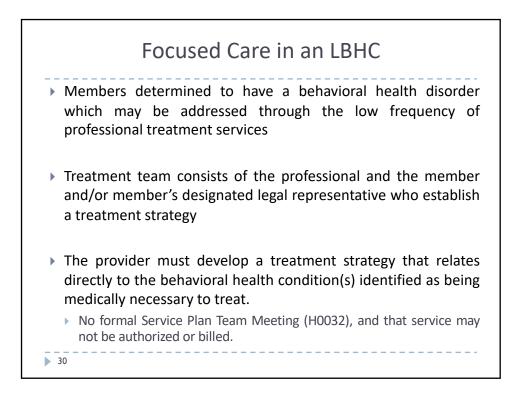
Staff Credentials: The following are the minimum supervision requirements per degree/credential type:

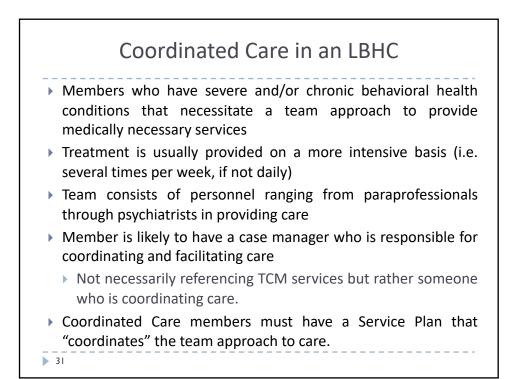
- Bachelor's Degree in Human Services without Alcohol and Drug Counselor Credential *: Indirect supervision required by Clinical Supervisor, Advanced Alcohol and Drug Counselor, Certified Clinical Counselor, Master Addiction Counselor, Licensed Psychologist, Licensed Professional Counselor, or Licensed 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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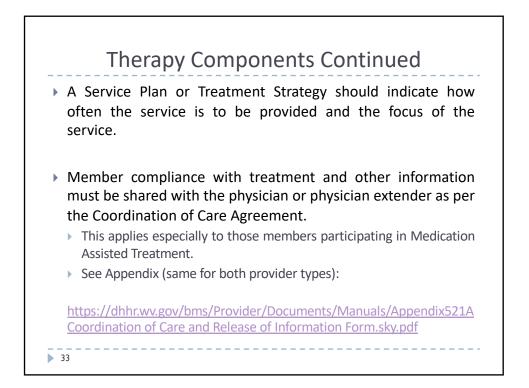


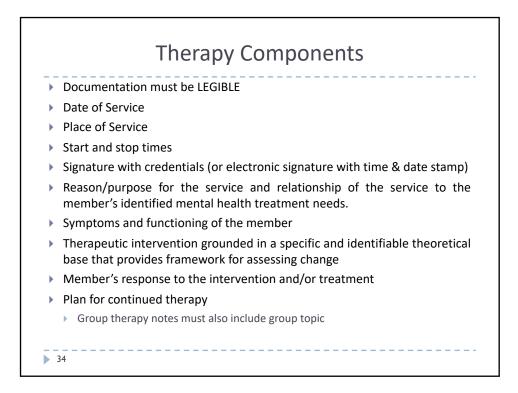


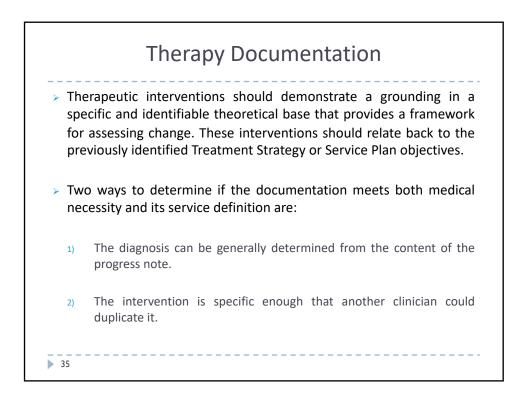


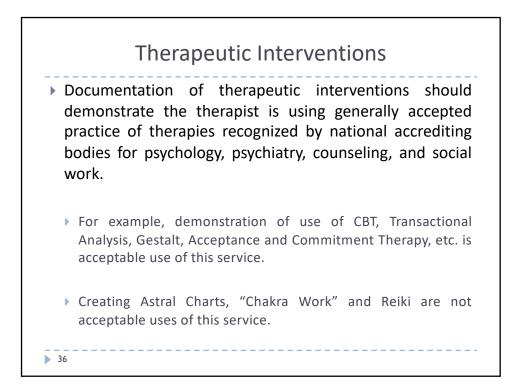




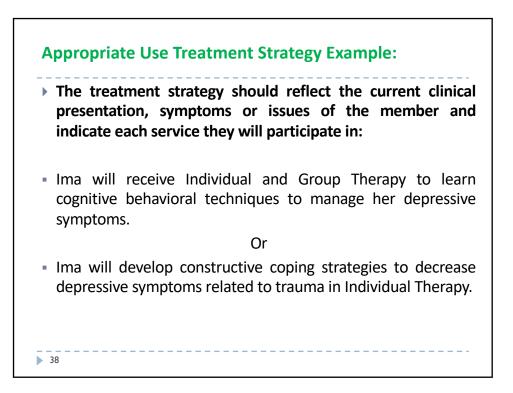


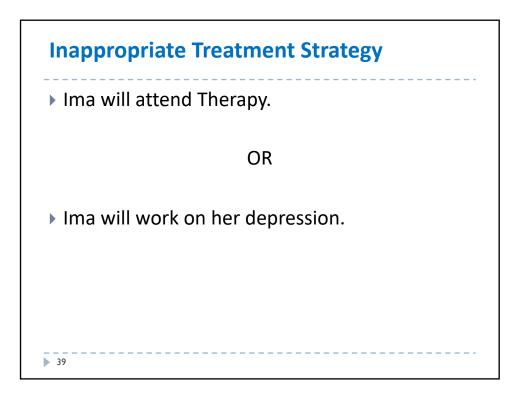


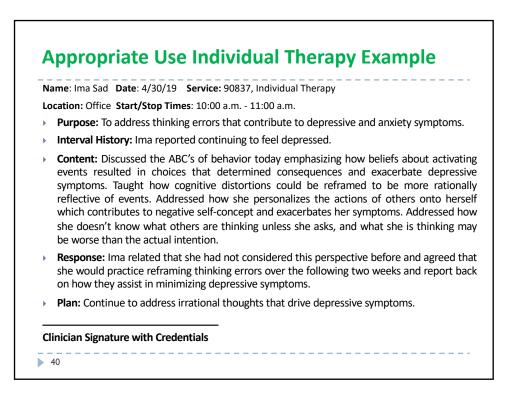












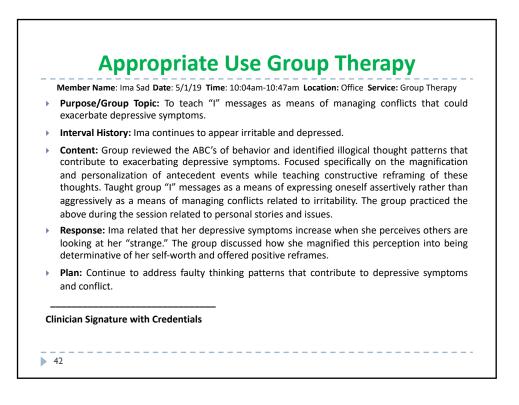
Inappropriate Use of Therapy

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

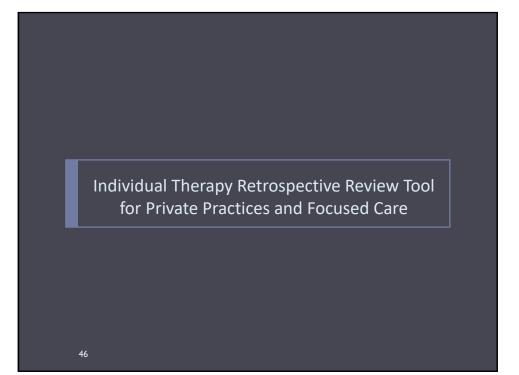
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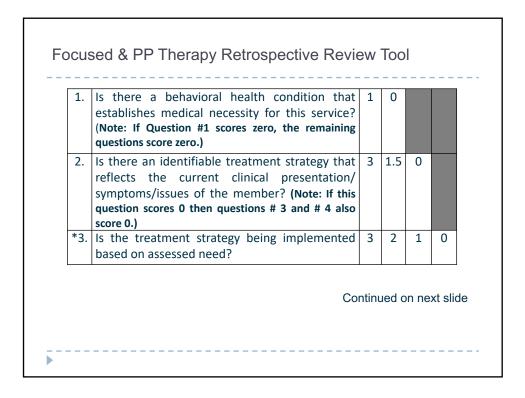


Inappropriate Use of Group Therapy Member Name: Ima Sad Date: 5/1/19 Start/Stop Times: 10:04 a.m. -10:45 a.m. Location: Office Service: Group Purpose: To complete a worksheet entitled "Ways to Decrease Feelings of Anger" Content: Therapist handed out worksheets on anger to group members. Members talked 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** 43

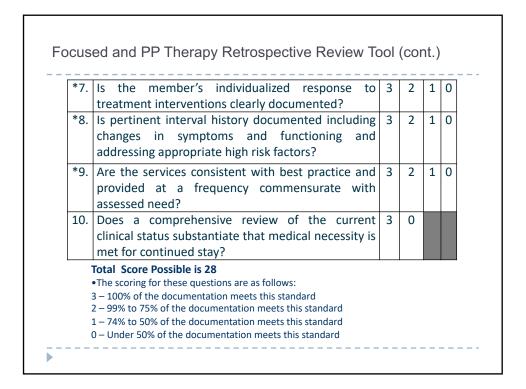
QUESTIONS AND ANSWERS

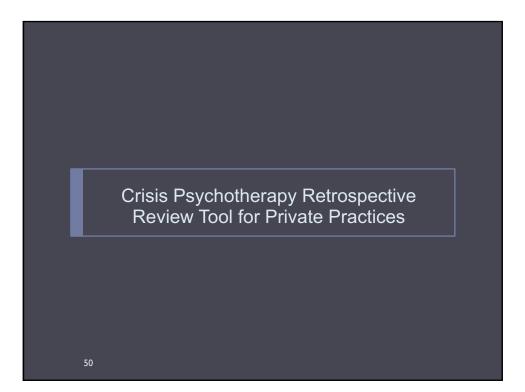






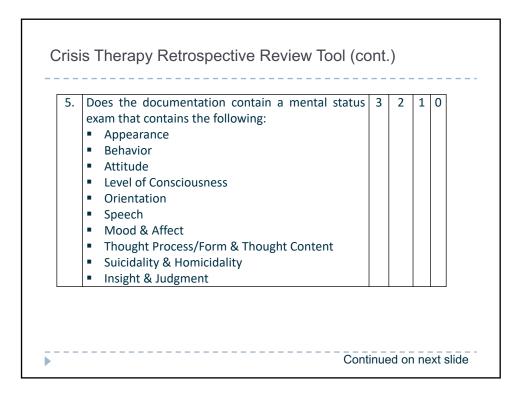
4.	Are treatment strategies modified when significant changes in the member's clinical status are documented?	3	0		
*5.	 Does service activity documentation include: Practitioner Signature with appropriate Credentials Service start and stop times Date Location of service Code and/or descriptor? (Note: 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

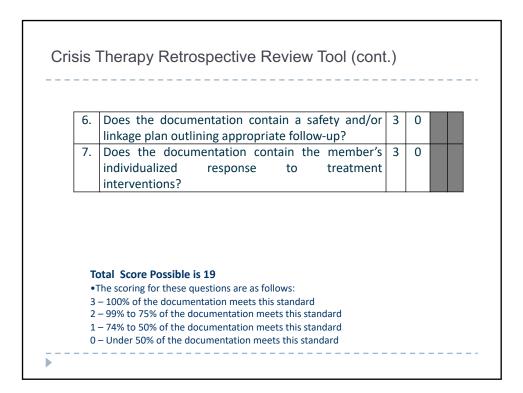




1_ Is there a behavioral health condition that establishes	1_	_0_		
medical necessity for this service? Was the				
intervention:				
 Unscheduled 				
 Face-to-face activity 				
 Intended to resolve a crisis to acute psychological 				
signs and symptoms?				
(Note: If Question #1 scores zero, the remaining questions				
score zero.)				
2. Does service activity documentation include:	3	2	1	0
 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)				

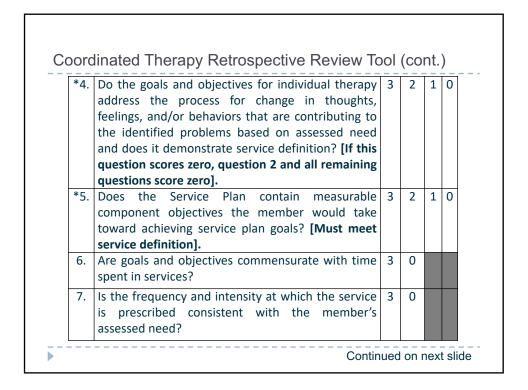
3.	Does the documentation provide a description of	3	2	1	0	
	the history of the member's acute psychiatric					
	symptoms including duration, intensity, and					
4.	frequency as well as the history of symtpoms? Does the documentation contain the therapeutic	3	0			
	interventions used to de-escalate the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

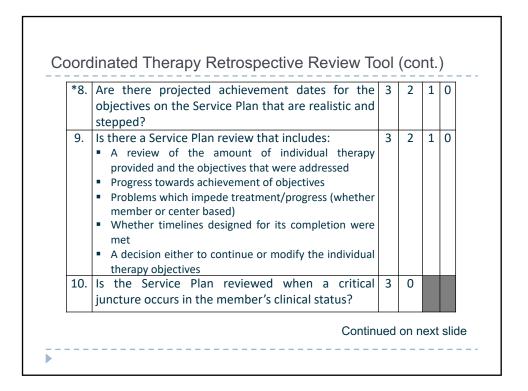


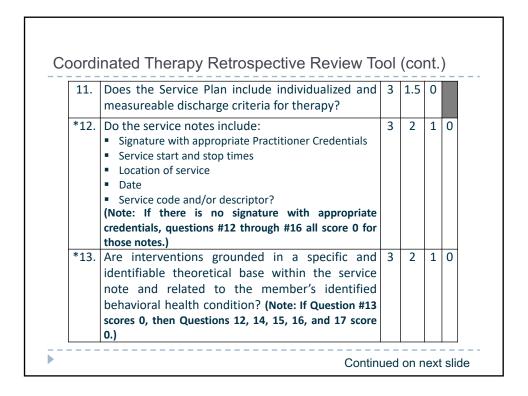




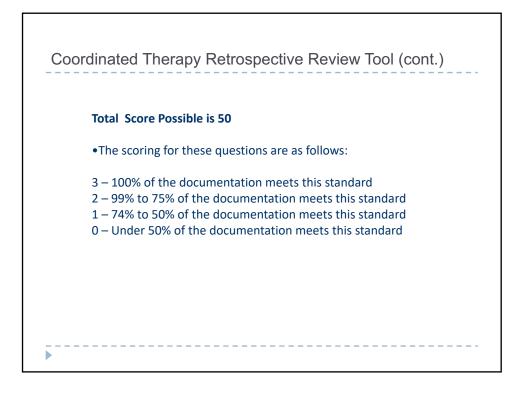
1.	Is there a behavioral health condition that establishes medical necessity for this service? (Note: If Question #1 scores zero, the remaining questions score zero.)	1	0	
2.	Is there a current Service Plan for Individual Therapy that demonstrates participation by Physician/Psychologist/ Approved Licensed 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	







*11	Deep the content of the Individual Therapy	3	2	1	
*14.	Does the content of the Individual Therapy service notes relate back to the individual therapy objectives and assessed need?		Z		0
*15.	Does the documentation demonstrate the member's individualized response to the specific psychotherapeutic interventions utilized within the session?		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?		0		



Contact I	nformation						
	Christy Gallaher , Team Leader 304-573-9008 cgallaher@kepro.com						
KEPRO 1007 Bullitt Street, Suite 200 Charleston, WV 25309 Phone: 1-800-378-0284 Fax: 1-866-473-2354 Email: wv_bh_sns@kepro.com	Lisa McClung 304-921-8414 Lisa.McClung@kepro.com						
	Colleen Savage 304-692-5759 csavage@kepro.com						
	Heather Smith 304-966-2751 hesmith@kepro.com						
	Gene Surber 304-654-7183 resurber@kepro.com						
KEPRO's WV webpage: http://wvaso.kepro.com/members/							
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