

Rule 132 Training

Medicaid Mental Health Services

Available on DHS website

- Rule 132 available at:
<http://www.dhs.state.il.us/page.aspx?item=56754>
- Questions and answers from the Rule 132 Question & Answer Workgroup:
<http://www.dhs.state.il.us/page.aspx?item=32635>
- Community Mental Health Service Definition and Reimbursement Guide available at:
<http://www.hfs.illinois.gov/assets/cmhs.pdf>
- Medical Necessity Criteria and Guidance Manual: <http://www.dhs.state.il.us/page.aspx?item=52733>
- E-mail questions to: dhs.mh@illinois.gov

Rule 132 Requirements

- Certification
- Eligible Individual
- Qualified Staff
- Service Provision that is Medically Necessary
- Documentation

Provider Certification

- Certification reviews conducted by DHS Bureau of Accreditation, Licensure and Certification
- Only certified providers may bill for delivery of Rule 132 services
- Certified providers may not bill for services provided by other providers

Certification Details

- On-Site Reviews
- Notice of Deficiencies
- Plans of Correction
- Follow up Reviews Depending on Level
 - Level 1
 - Level 2
 - Level 3
 - Level 4

Some reminders about certification

- Certified by service
 - Provider can only bill for services for which it is certified
- Certified by site
 - May only bill for services provided at approved sites unless service is legitimately provided off site

Eligible Individual

- Medicaid eligible
- Diagnosis of mental illness
- Requires medically necessary treatment

Staff qualifications

- As defined and recognized in Rule 132
 - Licensed Practitioner of the Healing Arts (LPHA)
 - Qualified Mental Health Professional (QMHP)
 - Mental Health Professional (MHP)
 - Rehabilitative Services Associate (RSA)
- Certified Recovery Support Specialist (CRSS)/Certified Family Partnership Professional (CFPP) = MHP

Required Documentation

- Rule 132 requires specific documentation for each billed service
- This documentation is subject to annual post payment review as well as certification surveys and potential Federal Centers for Medicare and Medicaid Services (CMS) audits

National Accreditation

- DMH requires providers to be nationally accredited in behavioral health
- Providers may choose to be accredited by one of the following:
 - The Joint Commission
 - CARF, The Accreditation Commission
 - The Council on Accreditation
 - Healthcare Facilities Accreditation Program

National Accreditation (Cont.)

- Providers must become accredited when the total of their billing for Rule 132 services and any other funding from DMH reaches \$200,000 annually
- Providers must become accredited within one year of reaching that threshold and then maintain accreditation

Questions And Answers