



Rule 132 Training

for Community Mental Health Providers

August 2014



Goals for training

- Understand purpose and vision of Rule 132
- Understand Rule 132 requirements
- Understand the appropriate application of Rule 132
- Understand available resources for future questions related to Rule 132



Rule 132

As the state mental health authority, the Department of Human Services, Division of Mental Health (DHS/DMH) uses Rule 132 to govern optional mental health Medicaid benefits in Illinois.



Available on DHS website

From Mental Health Provider page, click the Community Based Services (Rule 132) link



Underlying Vision of Recovery and Resilience

- Recovery refers to the process in which persons are able to live, work, learn, and participate fully in their communities.
- For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability.
- For others, recovery implies the reduction or complete remission of symptoms.



Underlying Vision of Recovery and Resilience

- Resilience refers to personal and community qualities that:
 - enable us to rebound from adversity, trauma, tragedy, threats, or other stresses
 - enable us to go on with life with a sense of mastery, competence, and hope.



Person Centered Services

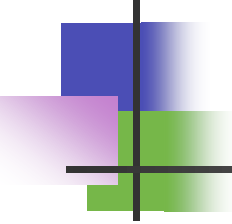
A service delivery system that is based in concepts of Recovery and Resilience must be person centered

The current version of Rule 132 was written from the perspective of individually based services



Rule 132 Requirements

- Certification
- Credentialed Staff
- Documentation Requirements
- Service Provision



The first step - Certification

- All providers must be certified through either the DHS Bureau of Accreditation, Licensure and Certification (BALC) or the Department of Children and Family Services (DCFS)



Certification

- Certified by service
 - Can only claim services for which agency is individually certified
 - See Rule 132.30 p) for details on requesting certification for additional Part 132 services
- Certifying agency will complete a review approximately 12 months after certification



Credentialed Staff

- Licensed Practitioner of the Healing Arts (LPHA)
- Qualified Mental Health Professional (QMHP)
- Mental Health Professional (MHP)
- Rehabilitative Services Associate (RSA)



Documentation Requirements

- Rule 132 requires specific documentation for reported services
 - Varies by service
 - Will discuss these as we review each service
- This documentation is subject to annual post payment review as well as potential Federal CMS audits

Tips from Post Payment Reviewers



- Logical organization of records
 - Make it easy to find documents
 - Organize assessments in the same order as the rule
 - Use headings and color coding
- Legibility
- Develop QA process
 - Utilizing people within organization that are external to the use of the records



Tips from Post Payment Reviewers

- Precautions for electronic records
 - Avoid “canned” records
 - Need enough detail to show evidence of individualized treatment
- Treatment Plans should be written in language understood by the person being served
- Avoid over-use of “no change” when completing updates



Rule 132 Services

State of Illinois

Community Mental Health Services

Service Definition and Reimbursement
Guide

Available on DHS Website



Rule 132 Services

- Individualized to assessed needs and personally identified goals
- Golden Thread Concept
 - Assess need
 - Identify goal
 - Establish plan
 - Provide service



Group A Services

- Mental Health Assessment
- Treatment plan development, review and modification
- Psychological Evaluation



Mental Health Assessment

- A formal process of gathering information
- Results in treatment recommendations
- Diagnosis of mental illness not required prior to beginning process
- The Mental Health Assessment Report must be completed within 30 days of start of treatment

Mental Health Assessment (Cont)



- MHP may participate
- Requires at least one face to face contact with QMHP and signature
- Requires review and signature by LPHA
- Updated annually by QMHP who has at least one face to face contact

Required Elements of Mental Health Assessment



- Identifying information
- Reasons for seeking treatment
- Diagnosis
- Family history
- Mental status evaluation
- Individual's preferences re: treatment/outcomes
- Personal history
- Abuse/trauma history
- Social adjustment and daily living skills
- Legal history/status

Required Elements of Mental Health Assessment



- Identification of environmental risk factors
- Strengths and resources
- History/current substance use
- General physical health (individual's report)
- **Summary analysis and conclusions regarding the medical necessity of services**

Specific documentation of the delivery of this service must include a description of the time spent with the individual or collateral gathering information.



Treatment plan development, review and modification

- Process resulting in a written Individual Treatment Plan
- Developed with active participation by individual being served and parent/guardian
- Based on MHA and any additional evaluations
- Prescribes treatment recommended



Treatment plan development, review, and modification

- Completed within 45 days of completion of MHA
- MHP may participate, QMHP responsible for process and must sign plan
- LPHA must review
- Date of LPHA's signature is considered effective date of the ITP



Treatment plan development, review, and modification

Written ITP is a compilation of:

- Goals/anticipated outcomes
- Intermediate objectives to achieve goals
- Specific Rule 132 mental health services to be provided
- Amount, frequency and duration of those services
- Staff responsible for the delivery of those services



Treatment plan development, review, and modification

- Must include definitive 5-axis diagnosis*. Record must document plan for any diagnostic questions remaining at the time of ITP development.
- Must be reviewed no less than every 6 months. This must include a review of progress towards goals and evaluation of the effect of each service on reaching those goals.

*DHS/DMH has not yet transitioned to DSM 5



Treatment plan development, review, and modification

- Shall include

- Continuity of care planning with parent/guardian,
- Estimated transition/discharge date
- Goals for continuing care

- Signatures

- Under 12: parent or guardian
- Over 12, under 18: Individual served and parent/guardian
- Over 18/emancipated minor: individual served
- Over 18, adjudicated legally incapable: individual served and legal guardian

Specific documentation of the delivery of this service must include a description of time spent with the client or collateral developing, reviewing or modifying the ITP



Psychological evaluation

- Must be medically necessary
- Must be conducted within 90 days of the ITP
- Must utilize nationally standardized psychological assessment instruments
- Must result in written report including formulation of problems, tentative diagnosis, recommendations for treatment/services

Specific documentation of this service must identify the specific nationally standardized psychological assessment instruments used.



Group B Services

Mental Health and Case
Management Services



Mental Health Services

- Following MHA
- Consistent with ITP
- Face to face, video conference, telephone contact



Mental Health Services (cont)

- Provided to:
 - Individuals
 - Families of individuals
 - Groups of individual consumers
- For the primary benefit and well-being of the individual
- Related to an assessed need and goal on the ITP



Mental Health Services (cont)

- Services may be provided on-site or off-site, as indicated by the specific service
 - On-site: Location that is a certified provider site as described in Section 132.90 and the surrounding provider owned, leased or controlled property and buildings and adjacent parking areas. Services provided via telephone/video conference are on-site.
 - Off-site: Locations other than a certified provider site



Crisis Intervention Services

- Activities to stabilize an individual in psychiatric crisis
- Goal of immediate symptom reduction, stabilization, and restoration to a previous level of role functioning
- May be provided by MHP with immediate access to QMHP



Crisis Intervention Services

Shall include an immediate preliminary assessment that includes written documentation in the clinical record of presenting symptoms and recommendations for remediation of the crisis.



Psychotropic Medication Services

- Psychotropic Medication Administration
- Psychotropic Medication Monitoring
- Psychotropic Medication Training



Documentation Requirements for Psychotropic Medications

- If prescribed by physician/APN employed/on contract with provider:
 - Documentation of prescription by the physician/APN
 - Documentation of review at least every 90 days by physician/APN

Documentation Requirements for Psychotropic Medications

(cont)

- Notations shall be made regarding:
 - All medications prescribed
 - Current psychotropic medication – name, dosage, frequency and method of administration
 - Any problems with administration and changes implemented to address
 - Statement of informed consent (purpose and side effects)
 - Assessment of individual's ability to self-administer.

Psychotropic Medication Services



- Psychotropic medication administration
 - Time spent preparing the individual and the medication for administration
 - Administering psychotropic medication
 - Observing the client for possible adverse reactions
 - Returning medication to proper storage

Minimum staff: LPN under RN supervision

Specific documentation must include a description of the activity

Psychotropic Medication Services



- Psychotropic medication monitoring
 - Monitoring and evaluating target symptom response
 - Monitoring for adverse effects, including tardive dyskinesia screening
 - Monitoring for new target symptoms or medication

Staff must be designated in writing by a physician or advanced practice nurse

Specific documentation must include a description of the intervention



Psychotropic Medication Services

- Psychotropic medication training
 - Training the individual or the individual's family/guardian to
 - Administer the individual's medication
 - Monitor levels and dosage
 - Watch for side effects

Staff must be designated in writing by a physician or advanced practice nurse



Psychotropic Medication Training (cont)

- Shall be provided in the following areas:
 - Purpose of taking psychotropic meds
 - Psychotropic medications, side effects and adverse reactions
 - Self-administration
 - Storage and safeguarding
 - Communicating with professionals/family/caregivers regarding meds



Specific Documentation

- For psychotropic medication training, and all remaining **treatment services** to be discussed, documentation must include:
 - Description of the intervention
 - Client's/family's response to the intervention
 - Progress towards goals/objectives in the ITP



Therapy/Counseling

- A treatment modality that uses interventions based on psychotherapy theory and techniques to provide emotional, cognitive, behavioral or psychological changes



Therapy/Counseling (cont)

- May be provided to
 - Individual
 - Group of 2 or more individuals
 - A family

Minimum Staff: MHP



Community Support

- Community Support – Individual or Group
- Community Support – Residential (CSR)

Minimum staff: RSA



Community Support

- Location of service
 - At least 60% must be provided in natural settings
 - CSR – must be billed as on-site
- Group size must not exceed 15 individuals



Community Support

- Services and supports necessary to assist individuals in achieving rehabilitative, resiliency and recovery goals
- These services facilitate:
 - Illness self-management
 - Skill building
 - Identification and use of natural supports
 - Use of community resources

Examples of Community Support



- Coordination and assistance with identification of individual strengths, resources, preferences and choices
- Assistance with the identification of existing natural supports for development of a natural support team, and in building such a team
- Assistance with the identification of risk factors related to relapse and development of relapse prevention plans and strategies



Examples of Community Support

- Support and promotion of self-advocacy and participation in decision making, treatment and treatment planning
- Support and consultation with individual/support system directed primarily to the well-being and benefit of the individual

Examples of Community Support



- Skill building in order to assist in development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the individual's mental illness



Community Support Is NOT:

- Supervised Meals
- “Book-end Billing”
- General Milieu Time

Community Support Team (CST)



- Mental health and rehabilitation services and supports available 24 hours/day 7 days/week to decrease hospitalization and crisis episodes and increase community functioning



CST (cont)

- Services are to be provided at time/location to accommodate individual needs
- Client to staff ratio no greater than 18:1
- More than one staff person shall be actively involved with each individual served
- Team meetings at least once per week



CST eligibility

- DHS/DMH requires authorization for CST
- Criteria include:
 - Multiple and frequent psychiatric inpatient readmissions
 - Excessive use of crisis/emergency services
 - Chronic homelessness
 - Repeat arrests/incarcerations



CST Eligibility (cont)

- History of inadequate follow-thru with treatment
- High use of detox services
- Medication resistance secondary to side effects
- Treatment issues that have not responded to more traditional approaches and require coordinated interventions



CST eligibility (cont)

- Risk of out of home placement
- Any of the following within past 3 months:
 - Suicidal ideation/gesture
 - Ongoing inappropriate public behavior
 - Self harm or threats of harm to others
- Significant cognitive impairment, behavioral or medical problems



CST Staffing Requirements

- Team must be approved by public payor
- Full time leader who is a QMHP
- RSA and MHP working in sufficient capacity to meet the 18:1 ratio
- At least one team member must be a Certified Recovery Support Specialist (CRSS) or Certified Family Partnership Professional (CFPP)
- No fewer than 3 full time staff; no more than 6 FTEs totalling no more than 8 different staff



CST Service Exclusions

- Cannot receive other types of Community Support except:
 - During periods of transition
 - While in crisis residential

Either of these exceptions requires authorization.



Assertive Community Treatment (ACT)

- Based on evidence based practice
- Intensive, integrated crisis treatment and rehabilitative support service
- Provided by an interdisciplinary team which assumes responsibility for assisting client with all mental health treatment needs



ACT Requirements

- Available 24 hrs/day, 7 days/wk with emergency response coverage that includes psychiatric coverage
- Minimum of 75% of contacts in natural settings
- Minimum of 3 contacts/wk for most individuals served
- Team meetings a minimum of 4 days/wk



ACT Eligibility

ACT is for adults who require assertive outreach and support to remain connected with necessary mental health and support services, who have not benefited from traditional community mental health services/modes of delivery.

ACT requires authorization.



ACT Eligibility (cont)

- Multiple and frequent psychiatric inpatient readmissions
- Excessive use of crisis/emergency services with failed linkages
- Chronic homelessness
- Repeat arrests and incarcerations
- Multiple service needs requiring intensive assertive efforts to ensure coordination among systems, services and providers
- Functional deficits in maintaining treatment continuity
- Persistent/severe psychiatric symptoms, serious behavioral difficulties, high relapse rate



ACT Staffing requirements

- Team leader who is a licensed clinician.
- Psychiatrist working a minimum of 10 hours a week/ for up to 60 enrolled clients
- Full time RN
- Four full time staff functioning as primary practitioners
- Program/administrative assistant
- Staffing ratio not to exceed 10:1, and does not include psychiatrist or admin assistant

ACT Staffing requirements (cont)



- At least one of the members of the core team shall have special training and certification in substance abuse treatment/co-occurring mental health and substance abuse disorders
- At least one of the members of the core team shall be qualified as a CRSS.
- At least one of the members of the core team shall have special training in vocational services



ACT Service Exclusions

- No other Rule 132 services may be provided while an individual is enrolled in ACT except:
 - During transitional periods
 - While in residential crisis treatment

Either of these requires authorization



Psychosocial Rehabilitation Service (PSR)

- Facility based skill building services for individuals 18 and over
- Designed to assist in:
 - Living as independently as possible
 - Managing illness and lives with as little intervention as possible
 - Achieving functional, social, educational and vocational goals



PSR Interventions

- Identification and use of strengths, recovery tools and strategies
- Development of skills including:
 - Socialization, communication, adaptation, problem solving and coping
 - Self-management of symptoms/recovery
 - Concentration, endurance, attention, direction following, planning and organization
 - Establishing/modifying routines/habits
- Cognitive behavioral intervention



PSR Interventions (cont)

- Interventions to address co-occurring disorders
- Promotion of self-directed engagement in leisure, recreational and community social involvement
- Participation in individualized goal setting



PSR Requirements

- Provided in an organized program through individual and group interventions
- May be provided during day, evening, weekend hours
- Staff member to be designated in assessing individual's needs and progress



PSR Staffing

- Clinical supervisor that is a QMHP
- Provided by at least an RSA
- Clinical supervisor on site at least 50% of time
- When not on site, clinical supervisor must be accessible to staff
- At least one staff person with documented experience/training in co-occurring treatment
- Ratio not to exceed 15:1



PSR Restrictions

- Not to be provided in combination with
 - Mental Health Intensive Outpatient
 - Hospital-Based Psychiatric Clinic Service Type B

Mental Health Intensive Outpatient



- Scheduled group therapeutic services available 5 days/week, at least 4 hours/day
- For individuals at risk of/with history of psychiatric hospitalizations
- Provided by a QMHP
- Ratio not to exceed 8:1 (adults) 4:1 (children)



Case Management Services

- Case management vs. Community support:
 - Case management does for the client
 - Community support teaches the client how to do for self



Case Management Services

- Mental Health Case Management
- Client Centered Consultation
- Transition Linkage and Aftercare

Case Management – Mental Health



- Assessment, planning, coordination and advocacy
- For individuals who
 - Need multiple services
 - Require assistance in gaining access and using services
- Identification and Investigation of available resources



Case Management – Mental Health (cont)

- Explaining options to the individual
- Linking the individual with appropriate resources

Minimum staff: RSA



Examples of Case Management – Mental Health

- Helping individual access appropriate mental health services
- Applying for public entitlements
- Locating housing
- Obtaining medical and dental care
- Obtaining other social, educational, vocational or recreational services



Examples of Case Management – Mental Health

- Assessing the need for service
- Identifying and investigating available resources
- Explaining options
- Assisting in application process



Client Centered Consultation

- An individual client-focused professional communication
 - Between provider staff
 - With staff of other agencies who are involved with providing services to a client
- Must be provided in conjunction with one or more Group B mental health services

Minimum Staff: RSA



Documentation of Client Centered Consultation

- Must include
 - a description of the consultation that occurred
 - the professional consulted
 - resulting recommendations



Examples of Client Centered Consultation

- Face to face or telephone contacts (including scheduled meetings or conferences) between provider staff, staff of other agencies, and child-caring systems concerning the individual's status
- Contacts with educational, legal or medical system
- Staffing with school personnel or other professionals involved in treatment

Transition Linkage and Aftercare



- Services are provided to assist in an effective transition in living arrangement consistent with the individual's welfare and development

Minimum staff: MHP



Examples of Transition Linkage and Aftercare

- Services provided to individuals being discharged from inpatient psychiatric care, transitioning to adult services, moving into or out of one placement to another placement or parent's home
- Time spent planning with staff of current living arrangement or the receiving living arrangement
- Time spent locating client-specific placement resources, such as meetings and phone calls



Resources for further information/questions

- E-mail questions to:

dhs.mh@illinois.gov



Resources for further information/questions

- DHS website, Mental Health Provider, Community Based Services (Rule 132) page contains a Questions and Answers (Rule 132) link



Thank you for your attention!

Lee Ann Reinert, LCSW
Clinical Policy Specialist
DHS/DMH Community Services
319 E. Madison, Ste. 3B
Springfield, IL 62701
217-782-0059
lee.reinert@illinois.gov