

Kenosha County Department of Human Services

Medicaid Newsletter

“A Newsletter intended for all Contracted Providers of Medicaid services for
Kenosha County Department of Human Services”

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Katie Bohn, DHS Medicaid Coordinator

Katie.bohn@kenoshacounty.org

(262) 697-4648

Targeted Case Management Reminders

There are contact requirements in TCM-

- A face-to-face with client/family guardian must occur at least once every three months
- A face-to-face or telephone contact with the client/family/guardian or a face-to-face, telephone or written contact with a collateral must occur every month
- The **ONLY** exception is if there is documentation providing the rationale for less contact in the case file.

Other TCM Reminders-

- Recordkeeping may only be billed during a month in which any other kind of contact occurs i.e.: client, phone, collateral, etc
- Discharge planning= “If the recipient enters an inpatient hospital, nursing facility, or ICF-MR (Intermediate Care Facility for persons with Mental Retardation), the case management provider may bill for discharge-related case management services up to 30 days prior to discharge from the

institutional setting. Residential treatment facilities and CBRF’s (Community Based Residential Facility) are not included under “institutions” for this purpose. Therefore, it is not appropriate to bill the discharge planning code.

Note: Discharge planning in this case does **NOT** refer to a recipient being discharged from one program to another.

In other words, when discharging a client from the program that is still considered “ongoing” not discharge planning.

- Although each individual Targeted Case Management program has its own unique program standards, if claims are being submitted to Medicaid then the Targeted Case Management regulations set by Medicaid **MUST** be adhered to.

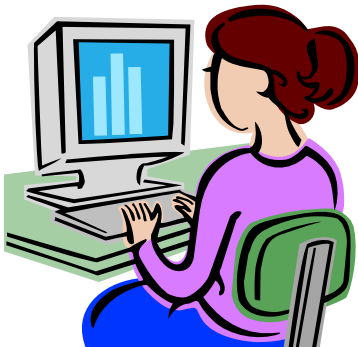
All Medicaid Programs

Please remember that if the auditors don’t see it, you didn’t do it!! This means if there is some kind of paperwork that is not kept in the file, there should be a memo in place of that paperwork explaining where it is and why it is not located in the file.

Different Types of Medicaid Coverage

There are many different types of Medicaid coverage. Some types of Medicaid do not cover all Medicaid programs. For example, Basic Plan, Benchmark Plan and Core Plan are all types of coverage that do **not** cover Targeted Case Management. Other types of Medicaid include:

- ❖ Specialized-Low Income Medicare Beneficiary (SLMB)
 - Does NOT pay for TCM, Crisis, CCS, CSP services
- ❖ Medicaid Purchase Plan (HPSA Recipient) AKA MAP
 - Covers TCM, Crisis, CSP and CCS services
- ❖ Qualified Medicare Beneficiary (QMB)
 - Does NOT cover TCM, CSP, CCS and Crisis services
- ❖ Medicaid for SSI
 - Covers TCM, CCS, CSP and Crisis services
- ❖ Family Planning Waiver
 - Does NOT cover TCM, CCS, CSP and Crisis services
- ❖ Medicaid Waiver
 - Covers TCM, CCS, CSP and Crisis services



For these and many more types you can visit the Forward Health Portal. Access to the main page including online handbook and Medicaid Updates are located at

www.forwardhealth.wi.gov

You do not need to have a log in to access any Online Handbooks or Medicaid Updates. You can simply go to the website provided, click on “Providers”, and on the right hand side of the website there are “Quick Links” listed including signing up for email subscription, Online Handbooks, ForwardHealth Updates, forms, etc. Please check it out!

File Reviews

Files Reviews for CCS were conducted in February. Over all, the files were in very good shape. Recovery Plans were updated in a very timely fashion as required by Medicaid standards and the administrative code.

File Reviews for CSP were conducted in April. Over all, the files were of very high quality. Files were extremely organized and cohesive.

File Reviews for TCM will be conducted in the first few weeks of June. Providers have been notified of their prospective dates and times.