

Kenosha County Department of Human Services

Medicaid Newsletter

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Jerry Cronin, DHS Medicaid Coordinator

jcronin@co.kenosha.wi.us

(262) 697-4648

PERM Review

A major reason for the MA documentation orientation sessions, newsletters and file reviews is to ensure that when State record reviews like PERM –Payment Error Rate Measurement- occur that the County is ready.

Sometime within the next 6 months, an agency contracted with the Federal Government will be looking at 1000 files of Wisconsin individuals who have used Medicaid. These could be Crisis, Community Support Program, Targeted Case Management or CCS files.

This review happens every 3 years and it is Wisconsin's turn in 2010. Wisconsin's Perm Review in 2006 showed the most common cause of error in reviews was no documentation or insufficient documentation.

Records will be requested by the State and if requested, the County will have 60 days to comply.



Documentation Reminders- Plan of Care for Service Facilitators (SFs) - TCM, CSP, CCS

Of all the documentation reminders, perhaps the most important are those pertaining to the Plan of Care (POC) referred to also as the Recovery Plan, or Treatment Plan.

Two of the findings from previous State TCM File Reviews include:

- Case plans not based on assessment
- Ongoing does not address items/goals in Plan of Care

In **Targeted Case Management**, SFs are required to develop “a written case plan” that is signed and dated and “at a minimum, review the case plan in writing every six months.” They “must sign or initial and date all updates.” *Case Management Handbook*

In **Community Support Programs**, SFs must “ensure an initial written treatment plan is developed at the time of the client’s admission and a comprehensive treatment plan is developed and written within one month of admission and is reviewed and updated at least once every 6 months.” *HFS 63:10.(2)*

According to the more recently written **Comprehensive Community Services (CCS)** statutes, “the completed service plan shall be signed by the consumer, a

mental health professional ... and the service facilitator.” The plan should be “reviewed and updated as the needs of the consumer change or at least 6 months.” *HFS 36:17(3)*

Remember to complete the POC appropriately and thoroughly and to update it on time. Do not forget the signatures required.

If you have any questions with this or any other MA issue, please feel free to contact me.

Wording seen in file reviews that shouldn't be billed to MA

“Left message for client.” “Left voicemail for client.” “Client missed appointment.” “Client did not show up.”

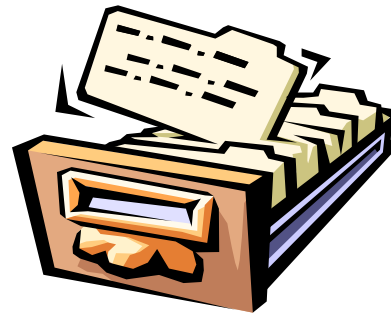
TCM File Reviews to Begin

On site file reviews of Targeted Case Management files will begin sometime in early March 2010.



Contracted providers will be notified of the time and date and which records will be reviewed.

Please use this time to address deficiencies in the files prior to the on site review and to strengthen procedures to ensure proper documentation in the future.



Medicaid Files - How Long to Keep?

Occasionally, the question is raised as to how long Medicaid documentation has to be kept and maintained? The answer is: “Providers are required to retain documentation including medical and financial records, along with other documentation, **for a period of not less than five years from the date of payment,**” (All Provider Handbook, Certification and Other Responsibilities, Appendix 3). Please note the Handbook says **not less than five years from the date of payment** and not from the date of service. Keep this in mind when purging old records.

While payment can be received within a month or so of the service, it can take up to a year after the date of service before payment.

Contact:

If you have any questions on this or any other Medicaid documentation/billing related issue, please feel free to contact me at the Office of the Director or 697-4648 or jcronin@co.kenosha.wi.us.