Kenosha County Department of Human Services

Medicaid Newsletter

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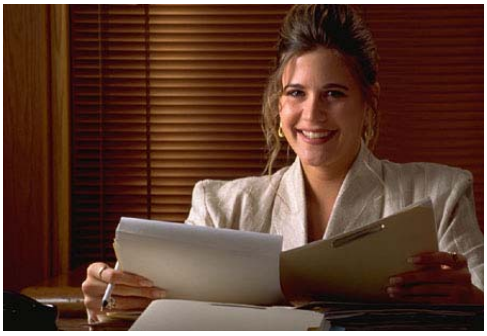
2008 TCM file review

On March 3rd through March 6th, 2008 Targeted Case Management files at three



provider agencies were reviewed against State audit checklist guidelines. The results of the file review were very enlightening and encouraging.

While the overall dollars given back to Medicaid was at an all time low of $762, there are some general reminders for TCM documentation:

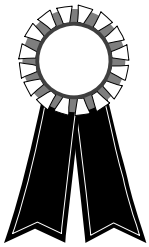
-TCM cannot be billed if the client is in an out of home placement.
- transportation is only billable under TCM if the purpose is to make the provider "aware of the overall service plan and to monitor the services the provider is delivering."
- the service being billed must be case management, -entertainment and sporting events may be worthwhile but they are not MA billable.

While TCM rules change and may seem overwhelming, certain basics remain. The Federal Government wants adequate documentation to back up services that Medicaid pays for, it does not want to pay for services not rendered or voice messages left or missed appointments. It expects a comprehensive assessment, a plan of care based on that assessment and ongoing monitoring and service coordination to reflect the plan of care. And a qualified single case manager should be in charge of delivering all of these services, understanding that case management is defined as "services which assist recipients, and where appropriate their families, gain access to and coordinate a full array of services, including medical, social, educational, vocational and other services."

There are additional details to be sure- the Case Management Handbook contains 3 sections with seventeen appendices plus innumerable Medicaid Updates- but the basics discussed above remain the same.

Empowering Consumers

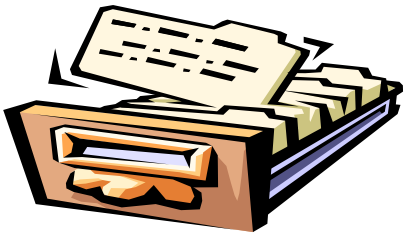
Jerry Theis, CCS Service Director has authored an article entitled "**A county-funded system lets consumers define their own recovery goals**". The article was published in the January 2008 edition of *Behavioral Healthcare*. In it Jerry describes Kenosha's experience in implementing the



evidence based practice- Wellness Management and Recovery- here in Kenosha County. As the article explains, Jerry's efforts were successful both quantitatively and qualitatively. The CCS and CSP participants learned a great deal about their disease and exhibited documented progress. They also appeared eager to participate and learn. It was a truly win-win. The entire article is on page 3 of this Medicaid Newsletter. Congratulations to Jerry for his accomplishments and the article. Jerry is co-authoring another article on the introduction of Person Centered Planning in Wisconsin, which will be featured in a coming MA Newsletter.

Records Retention- How Long?

It's time for spring-cleaning and the question is how long does Medicaid documentation have to be kept? 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.

CCS Audit Guidelines

The 2008 Audit Guidelines for CCS have been released for comment. Three items auditors will be looking for in reviewing CCS files are:

1. A dated and signed prescription by an MD or DO "prior to the first day that services are provided and billed for."
2. A consumer or guardian signature on the service(recovery) plan
3. Recovery plans that have been updated within the last six months.

Also keep in mind " no reimbursement can be made for a service not specified in the consumer's"…recovery plan.

National Provider Identifier(NPI)

"Wisconsin Medicaid and BadgerCare Plus will accept an NPI **and/or a** Medicaid provider number on Health Insurance Portability and Accountability Act of 1996 (HIPAA) standard electronic transactions received on and after May 19, 2008."

Please see the latest information on National Provider Identifiers and when they will be required for billing in Update 2008-30 at the Wisconsin Medicaid website.

Purpose: The MA newsletter is designed to provide information on Medicaid related issues to Kenosha County MA providers as well as all County contracted providers. Please forward any questions to Jerry Cronin, Medicaid Coordinator at 262 697 4648 or e-mail at jcronin@co.kenosha.wi.us.

Empowering consumers

A county-funded system lets consumers define their own recovery goals

by Gerald A. Theis, LCSW

In 2004, Wisconsin created a new statute to administer comprehensive community services for persons with severe mental illness. The statute establishes a scope of psychosocial rehabilitation services with standards for certification and criteria for determining need under Medicaid rules. The emphasis is on recovery, measured by decreases in dysfunctional symptoms and increases in level of health, well-being, stability, self-determination, and self-efficacy.

Wisconsin mandated county-funded mental healthcare systems to perform continuous quality-improvement activities to meet the higher accountability and certification standards, and the state offered grants for implementing recovery-oriented evidence-based practices (EBPs). In early April last year, the Kenosha County Department of Human Services (KCDHS) implemented an EBP called Wellness Management and Recovery (WMR), which was created by SAMHSA. KCDHS chose this EBP by analyzing service users' demographics and their existing comorbidities (many have high health risk factors related to sedentary lifestyles).

WMR aims to empower consumers with severe mental illness to manage their wellness, define their own recovery goals, and make informed treatment decisions by teaching them the necessary knowledge and skills. WMR strongly emphasizes that individuals determine and pursue personal goals and implement action strategies in their daily living to achieve them. The program employs interventions to help consumers improve their ability to overcome the debilitating effects of mental illness on social and role functioning. WMR sets a positive and optimistic tone, conveying confidence that people with psychiatric symptoms can and do move forward in their lives.

The EBP consists of a series of biweekly group and individual sessions over six months. Case managers, referred to as "service facilitators," assist participants with developing strategies for managing their mental illness and moving forward in their lives. Service facilitators work collaboratively with participants, offering information, strategies, and skills they can use to enhance their unique recovery plans.

"Evidence-based practices are not intended to be exclusive, mandatory, or rigid," notes Dennis Schultz, KCDHS director. "Rather, they imply self-knowledge, self-determination, choice, individualization, and recovery." To that end, service facilitators are expected to empower consumers to use the most helpful knowledge and strategies for their individual needs.

KCDHS used quantitative indicators to measure the first 30 participants' progress, including biweekly progress notes and attendance records as well as scores on pre/post-quality-of-life assessments and quarterly client reports. Service facilitators administered the Recovery Oriented System Indicators (ROSI) to collect pre/post-program results. Qualitative data, the best source of participant input received, were documented after each session in progress notes.

WMR group sessions were held at regularly scheduled times at a central location. Each consumer was at the group sessions on time and actively participated. There was a 31% increase in participants reporting that staff "almost always" see them as equal partners in the treatment program, and 44% more participants reported that staff "often" or "almost always" view them as able to grow, change, and recover. Participants also reported having a better understanding of their mental illness and medications, having an improved recovery strategy, and using coping skills and relapse-prevention strategies to detect early warning signs and triggers of potential relapse, as well as to identify stressors and tendencies to think negatively.

During the initial implementation of the EBP, there was only one psychiatric hospitalization, which occurred early in the program (this population had a history of repeated hospitalizations). Qualitative feedback will help improve the EBP as it is used in other community programs.

Implementing WMR has been an excellent way to create a recovery-oriented delivery system. KCDHS plans to expand the use of the EBP throughout the Comprehensive Community Services Program this year.

Gerald A. Theis, LCSW, is the Service Director for the Kenosha County (Wisconsin) Department of Human Services' Comprehensive Community Services Program. He is the founder and President of Recovery Management and Wellness Consultants, LLC. He can be reached at (262) 605-6506.

Suggested Reading

1. Herz MI, Lamberti JS, Mintz J, et al. A program for relapse prevention in schizophrenia: a controlled study. Arch Gen Psychiatry 2000; 57 (3): 277-83.
2. Leclerc C, Lesage AD, Ricard N, et al. Assessment of a new rehabilitative coping skills module for persons with schizophrenia. Am J Orthopsychiatry 2000; 70 (3): 380-8.
3. Mueser KT, Corrigan PW, Hilton DW, et al. Illness management and recovery: a review of the research. Psychiatr Serv 2002; 53 (10): 1272-84.