

Kenosha County Department of Human Services Medicaid Newsletter

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Spring 2006 File Reviews- Targeted Case Management

In Early March, Targeted Case Management files were reviewed at local contracted provider agencies- Prevention Service Network (PSN), Kenosha Area Family and Aging Services (KAFASI) and  Professional Services Group including Families First, Community Impact Programs, In Home, Family Systems Therapy and Chemical Dependency Day Treatment.

Overall, the files were complete and in compliance with Medicaid requirements. There were exceptions, however. Here are ten guidelines worth repeating (comments follow):

1. Wisconsin Medicaid does not cover case management services for children in out-of-home placement.

It is important to remember that recipients need to be living with their parent(s) or legal guardian in order to bill Targeted Case Management. If a child is living with their aunt or uncle or grandmother (assuming these people are not legal guardians), Medicaid cannot be billed. (Note: Birth to 3 is an exception to this rule.)

2. Please be aware that the following are not Medicaid billable under case management: providing a

direct service, leaving a message, traveling to a clients home and finding no one at home, no shows, and attempted contacts.

Medicaid does not pay for any type of attempted contact.

3. All case notes need to be neat and legible.

4. The additional assessment questions for “at risk” children must be completed.

5. Each case note must be signed or initialed.

This means each note must be signed not each page.

6. When there is a change in the primary case manager, there must be documentation of that change and of the reason or rationale for it.

If the reason is not documented in the file, Medicaid will not cover services provided. In the ongoing phase, Medicaid only covers the services of a single designated case manager.

7. Targeted Case Management does not cover the provision of direct services.

8. Notes need to “clearly establish case management services were performed”. Also the notes need to establish the link to a case plan.

9. The length and detail contained in notes need to be consistent with the amount of time billed.

For example a note billing 5-10 minutes can be less detailed than the notes required for billing 1 or more hours. All

case records should document “what the content of the contact was, why the contact was made, how much time was spent, the date of the contact and where the contact was made.”

10. Make sure to complete forms, including the completion date of assessments. If information is not available, mark NA.

If there are blank spaces on forms, auditors assume these were not addressed or looked at. The NA indicates the item was looked at, but cannot be answered.

CCS Re-Certification

Kenosha County’s Comprehensive Community Services (CCS) program received full one-year re-certification as a result of an April 19th onsite visit from the State reviewer.

Mark Isaacs, the Bureau of Quality Assurance surveyor who reviewed the program, said the program “was off to a good start” and was “very well organized”. He likewise commended the diligence of Carol Mattner, CCS Service Director, in performing monthly chart reviews.

The CCS program is now certified through 04/30/07.

CCS Quality Improvement Grant Awarded

Kenosha County has been awarded a \$59,000 grant from the Division of Disability and Elder Services for Quality Improvement projects in CCS. Kenosha is one of only three counties in the State to receive such



funding. Kenosha CCS staff and

participants will be collaborating with staff from the State’s Bureau of Mental Health and Substance Abuse services to develop quality improvement practices that could possibly be replicated state-wide. The grant will provide stipends for CCS participant involvement, monies for training, and will help to underwrite a portion of the cost of those staff involved in the grant. Initially, the grant will focus on one of the three local agencies providing CCS service facilitation services- Kenosha Human Development Services (KHDS).

TCM Q and A:

Q: Can I bill only record keeping time for a client during a month?

A: No, “Wisconsin Medicaid does not cover record keeping unless there was also a recipient or collateral face-to-face or telephone contact during the calendar month”. **However**, collateral contacts include “paid providers, family members, guardians, housemates, school representatives, volunteers and others involved with the recipient” It also involves “case specific staffing and formal case consultation with the unit supervisor and other professionals regarding the needs of a specific recipient.”

Q: Is travel time billable?

A: Yes, “the case manager’s travel time when providing covered case management services” is billable.

Q: Can a recipient be billed for Targeted Case Management and CCS?

A: No, if a client is in CCS, any case management services provided must be billed within CCS.