Kenosha County Department of Human Services Medicaid Newsletter

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Jerry Cronin, DHS Medicaid Coordinator

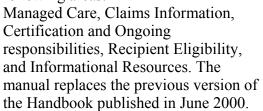
jcronin@co.kenosha.wi.us

(262) 697-4648

New MA All Provider Handbook

The updated Medicaid All Provider handbook is now available on CD. The new handbook is substantially the same as previous

handbooks but has been updated in the following areas:



Providers are reminded to retain all of their service specific publications, including Updates. The revised All-Provider Handbook does not replace these.

Additional Copies

The Wisconsin Medicaid Web site, http://dhfs.wisconsin.gov/medicaid2/h andbooks/all-provider/index.htm contains an electronic version of the All-Provider Handbook, or you can call Provider Services at (800) 347-9627.

Also I have a few extra CD copies of the Handbook. If you would like one, please contact me.

Comprehensive Community Services (CCS)

The County's new CCS program continues to show progress. As of December 31,2005, there were 43 consumers admitted to the program.



CCS, designed for individuals with substance abuse and mental health issues, was developed with the help of consumers and mental health advocates and their voices continue to be heard. Mental health advocates and consumers make up 2/3rds of the CCS Coordination Committee, which oversees the entire program, and there is consumer/advocate representation in CCS quality improvement activities also.

The county has applied for approval of the rates they will charge Medicaid and is awaiting approval. Once approved, the County can begin to bill for the time spent caring for consumers with mental health and substance abuse problems. The county is able to recoup some of its costs in providing services to CCS consumers admitted since the County's CCS program was certified on May 1, 2005. The types of services provided include Service Assessment, Planning and Facilitation, Counseling, Daily and Community Living Skills, Psychotherapy, Diagnostic Evaluations, Employment Skills, Recovery Skills, Counseling, and Psychosocial Residential Rehabilitative Support. These broad categories represent the array of services the Kenosha County CCS has to offer. The services are all termed "psychosocial rehabilitation" and designed (according to HFS 36, the law creating CCS) to assist individuals "to achieve the individual's highest possible level of independent functioning,

stability, and independence and to facilitate recovery."

Targeted Case Management File Reviews

File reviews for Targeted Case Management providers will be held sometime during the first quarter of 2006. Notification will be sent to agencies ahead of time. If you would like extra copies of the file review worksheets for Assessment, Plan of Care and Ongoing Monitoring, please contact me.



Targeted Case Management-Question and Answers:

Q: I have a case that a previous Case Manager opened in February and the assessment and case plan were both completed and paid by MA. The case then closed in March. My question is: I recently did a new assessment and case plan with the family on September 22, is this case still MA billable?

A: The file should have a note in it explaining the reason for the family returning for case management, and the rationale for having a new Case Manager (that is, the previous case manager left the position). Since the assessment and plan of care has already been billed for the year, bill your time updating these as ongoing monitoring.

Q. Can TCM be billed when a consumer is enrolled in Comprehensive Community Services (CCS)?

A: No, Medicaid will not pay for TCM for a consumer who is enrolled in CCS. Upon admission to CCS, the billing for for Assessment, Service Plan and Service Facilitation will come through CCS. For example, if a client is receiving TCM in February, and is admitted to CCS on February 14th, TCM services can be billed to MA through February 13th. From February 14th on until discharge from CCS, billing must come through the CCS.

Q: Will Medicaid pay for multiple children from the same family who are all eligible for Targeted Case Management?

A: "Wisconsin Medicaid covers both a family case manager and other case managers working with family members only if documentation shows that their activities have been coordinated through the case planning process to avoid duplication of efforts" (p. 22. Covered and Non Covered Services) Thus, the norm is to have only one case manager per family. More than one case manager per family is allowed <u>if and only if</u> there is documented coordination to avoid overlap.