

Kenosha County Department of Human Services

Medicaid Newsletter

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Comprehensive Community Services (CCS)

A new program designed for the County's Medicaid population with mental illness or substance abuse concerns is closer to reality.

Comprehensive Community Services is a Medicaid program designed for those consumers who need less intensive services than those offered by Kenosha's Community Support Program and more services than once a week outpatient offers.

On April 26, 2005, a surveyor from the Bureau of Quality Assurance made an on-site visit to review the county's new CCS program to determine if it could be certified by the State. The surveyor looked extensively at the CCS program's policies and procedures, reviewed the credentials of the providers who will be serving CCS consumers and asked questions.

While the surveyor said the structure and mechanics of the proposed CCS program look sound, and that it looks like a go, no official confirmation has been received as of this time.

Upon receipt of the provisional certification, CCS will begin slowly. Consumers already in the system who fit the CCS criteria will be admitted first and the program will evolve and grow as resources permit.

Carol Mattner, the County's CCS Service Director, said, "putting this program together has been challenging and rewarding at the same time. I am looking forward to seeing the program take flight and for it becoming the premier program in the state."

CCS Educational Sessions

Formal education sessions on the CCS philosophy and policies and procedures are being offered to those involved. The sessions are scheduled for May 26th and June 2nd.

Also there will be recovery based training offered on June 14 or June 15, 2005.

Please look for more specifics on times and locations for these sessions or contact Carol Mattner, CCS Service Director at 605-6506.

2004 File Reviews -Targeted Case Management(TCM)

In March and April 2005, 2004 files were reviewed at contracted providers of targeted case management to ensure compliance with Medicaid documentation requirements. A random sample of each provider's records was reviewed with an emphasis on reviewing some files from every case manager.

Although a sample of all provider records has been reviewed, a complete tally of the results is unknown, as all the follow up visits have not been made. Some preliminary results are evident however: for one, the documentation has shown a steady improvement. For the most part, case managers are making a conscientious effort to provide necessary documentation to support the billing.

2004 File Reviews, cont'd

Two Preliminary Areas from the File Review that still need attention:

-Medicaid cannot be billed for Case Management for clients who are in out of home placement. Out of home placement is when the child is with anyone other than his biological parent(s) or legal guardian.

-Any change in the ongoing single case manager must be documented. This means there must be a documented reason if anyone else enters MA billable notes when the primary case manager is on vacation, ill, resigns or is unavailable due to a client emergency.

A full summary of the findings and recommendation from the file review will be in the next Medicaid Newsletter.

Medicaid TCM Questions and Answers:

Q: If the client decides they do not want to continue with case management, can MA be billed if the Assessment is not complete?

A: The Handbook states “ case managers **may** bill some components of the comprehensive assessment if the person is found to be eligible for case management. If the person is found not eligible for case management in any of the target populations, Wisconsin Medicaid will not cover the assessment” (Covered and Noncovered Services Section, p.10)

If the assessment is not complete, there can be no billing for Plan of Care or Ongoing Monitoring.

Q: Can Medicaid TCM be billed for transporting an individual to a weekly urine drug screen?

A: No. Transportation of a recipient can only be billed under Targeted Case

Management when “the purpose is both to ensure the service provider is aware of the overall case plan and to monitor the services the provider is delivering.”(Covered and Noncovered Services Section, p.55)

NOTE: Please note the difference between travel and transportation. The case manager’s travel time is billable when providing covered case management activities.

Q: Can more than one case manager work with a family?

A: The answer ordinarily is no because “Medicaid covers only one family case manager.” If more than one MA eligible child is “considered at risk, the family case manager is responsible for assessing all MA eligible children in the family.”

However, there is an exception, “Medicaid covers both a family case manager and other case managers **only** if documentation shows that their activities have been coordinated through the case planning process to avoid duplication of efforts” (Covered and Noncovered Services Section, p.22)

Orientation for Medicaid TCM Training

An orientation session was held on April 27, 2005 for new case managers. These are one-hour sessions given on an ongoing basis and can even be scheduled on a one-to-one basis. If there is a need or if you have questions, please contact me at 697-4648.