

Kenosha County Department of Human Services Medicaid Newsletter

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Targeted Case Management (TCM) **Documentation**

In October, Eileen McRae, from the State Department of Human and Family Services gave a presentation on TCM documentation and what State auditors will be looking for when they come to audit TCM files.

Case Plan

The importance of the six-month review of the case plan was emphasized. The TCM Handbook states “at a **minimum**, the case manager must review the case plan in writing every six months.” The six-month case plan review is mandatory and it must be documented.

Also, make sure there is documentation of the client and/or family participating in the initial development of the Plan of Care (POC).

Keep in mind also that the Plan of Care is a living, breathing document that can and **should** be changed and updated to reflect changing circumstances (see section on Collaterals.) All updates as well as POC reviews should be signed and dated by the designated case manager. All POC updates and reviews should be billed as ongoing.

Even the Handbook states the case manager is expected “to review the case plan’s appropriateness on an ongoing basis and make any needed changes.”

Collaterals

Eileen emphasized in her talk the need to associate collaterals seen in the ongoing phase with Plan of Care goals. In other words, if there are a number of school related collaterals mentioned in ongoing, there should be a school related goal in the Plan of Care; if there are collaterals talked about from the court system, there should be a court related Plan of Care goal. If these are not in the recipient’s original Plan of Care, the Plan needs to be updated to reflect the new collaterals.

E-Mail

The new thinking about TCM and e-mail is that the auditors will accept billed time for e-mails if there is documentation the e-mail was received. In other words, there has to be two way communication, the message has to be sent and received. Please keep copies of the e-mails and document they have been received, either through e-mail responding to your e-mail or document the conversation indicating the e-mail has been received. Eileen cautioned the amount of time billed must be reasonable and in proportion to the time spent, for example they do not want to see a “½ hour billed for a two-line e-mail.”

Documentation

The need for the documentation to “reasonably reflect the amount of time billed” was re-emphasized. Smaller amounts of time billed require less documentation than larger amounts of time billed.

2004 Medicaid Revenues

The Department of Human Services will end 2004 with around an 8% increase in Medicaid revenues over 2003. There are three areas of revenue generated that were not present for all or part of 2003- Crisis billing for Families First , Targeted Case Management(TCM) billing for the Division of Aging and TCM billing for Prevention Services Network. Medicaid dollars received into the community help fund many of the needed services that serve Kenosha County residents.

Comprehensive Community Services (CCS)

A new Medicaid program that will begin to take shape in 2005 is the Comprehensive Community Services program. This is a program, intended eventually for both adults and children, designed to bring together the community's existing mental health resources for those Medicaid patients with mental health diagnoses who may need more than a one time a week outpatient visit. The treatments that will be offered will encompass a variety of psychological, social and educational options. Kenosha County has hired a CCS Clinical Coordinator to oversee the development and operation of the program and to work with designated agencies within the community in providing services to the mentally ill.

A CCS Coordination committee has been working on this project since June 2004 and application materials for certifying the county's program are being prepared for submission. The committee's membership includes consumers whose advice and input into the design of the program is being solicited.

The program should be a plus for both the recipients of care as well as the County, which will potentially recoup more of the costs involved in providing psycho/social services. More about the CCS program's progress will be written later.

Q and A on Targeted Case Management

Q: Can we bill Medicaid for a new assessment and Plan of care even though the old assessment is only 8 months old?

A: Depending. Currently, Wisconsin Medicaid covers "one comprehensive assessment and Plan of Care **per calendar year**", so it doesn't make a difference when it was done as long as it was done in the last calendar year. An exception: If a recipient's county of residence changes, the recipient's new county may submit a second assessment.

Q: If another case manager handles one of my cases at nights or weekends, can MA be billed?

A: The Handbook clearly states Wisconsin Medicaid " covers ongoing monitoring by the single designated case manager only". " However, if the designated case manager is unavailable due to illness, vacation or client crisis, a qualified temporary replacement may provide ongoing monitoring services on the recipient's behalf."

Most importantly, "the reason for the substitution must be documented in the recipient's record." If the reason is not documented, it is a noncovered service.