

Kenosha County Department of Human Services Medicaid Newsletter

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Personal Care

Personal Care is the biggest producer of Medicaid revenue in the Kenosha County Department of Human Services, accounting for roughly 60% of the Medicaid revenue received by the Department.

The Wisconsin Personal Care Handbook says covered “personal care services are medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community.”

Simply defined, Personal Care addresses the hands on personal care needs of those “who have a mobility deficit, whether physical or cognitive, which prevents them from performing activities of daily living”, according to Kathy Sadowski, RN, MA Personal Care Contract Coordinator for Kenosha County. The service is only for those eligible for Medicaid.

The covered services can occur seven days a week and often around the clock. According to Ms. Sadowski, 52 patients are currently being served in 20+ corporate group homes inconspicuously located throughout the county. All patients in the program are assessed by one of the RN Personal Care Supervisors, who also provide supervision/training to the personal care workers as well as monitor their performance.

Ms. Sadowski indicated there is a growing list of clients waiting to get into the program.

A typical client is Ken (a fictional composite), a 42-year-old man who has moved into a 4 bedroom Adult Family Home. Ken has Severe Seizure Disorder, is verbal but unintelligible, incontinent, requires total assistance with tasks of daily living, and often uses a wheelchair rather than walking due to unpredictable seizure activity.

MA Targeted Case Management Questions and Answers:

****All page references are from the Covered and NonCovered Section of the MA Case Management Handbook**

Q: Can a two hour visit to the Social Security office to assist a client in securing benefits be Medicaid billable?

A: Yes, The Handbook (pg. 19) clearly states “ face to face and telephone contact with collaterals when mobilizing services and support, advocating on behalf of a specific Medicaid eligible recipient” would be covered on-going case management services. Make sure there is mention of the need for such services in the client’s case plan.

Q: If a case manager transports a recipient to a Case Management service, can MA be billed?

A: Yes, if the purpose is to “ ensure the service provider is aware of the case plan

and to monitor the services the provider is delivering.” (Pg. 55) On those occasions where the case manager is doing these two things, “Medicaid covers the transportation under case management.”

Q: What are the general rules on Court-Related Service Coordination and Medicaid Case Management?

A: Page 45 lists three case management activities related to the Court system when they are necessary for one of the following reasons:

- “Advise the court on the recipient’s service needs”
- “Coordinate the court orders with other requirements the recipient is obligated to meet.”
- “Assist the recipient in participating in the legal process and comply with the order of the court.”

“ These activities may include the preparation of reports to the court, communication (face to face, telephone or written) with court personnel, actual court appearances, and activities to ensure compliance with the court orders”

The Handbook goes on to explain “covered case management activities must be identified in the recipient’s treatment plan, and the case manager must revise the treatment plan or indicate through notes in the recipient’s record the reason for the court involvement and the activities required by the case manager as a result of the court involvement.”

MA Roundtable

On July 22nd, a Medicaid Roundtable was held geared to Targeted Case Management documentation and billing expectations. The three main areas presented were a review of

documentation expectations, including the latest information from the state, billing expectations, a summary of the Spring 2004 file review and a question and answer period. The roundtable was held at the Job Center/ Human Services Building and lasted approximately an hour.

State DHFS letter

Among the most important items presented was a letter from an individual at the state Department of Health and Family Services who passed along Case Management audit advice:

- “ By far the greatest issues were incomplete or total lack of documentation and case manager signatures”
- “ It’s important for case managers to sign and date each note”
- “Providers billing in excess of services provided (i.e., documentation did not support the amount of time reported).
- “Billing for noncovered services”
- “Case manager not identified (important because Medicaid reimburses the time of one case manager)”
- “Assessment not well developed/incomplete”
- “Case plan not based on assessment”
- “Ongoing monitoring doesn't address items/goals identified in case plan”
- “No new/updated assessment after discharge”

A scaled down version of the information was also presented on August 12, and August 25, 2004 to the staff of CIP and other interested parties.

If you would like a special presentation or if you have new case managers that you would like to have oriented, please contact me at 697-4648 or e-mail me.