

Kenosha County Department of Human Services Medicaid Newsletter

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Welcome to the second Medicaid Newsletter of 2004. In this newsletter, there are questions and answers about Targeted Case Management, information about an expansion of crisis services in the county, helpful advice from file reviews that took place at providers this spring and more. As always, please feel free to forward your questions, comments or suggestions to me.

Medicaid "Questions and Answers" for Targeted Case Management

Q: Can Medicaid be billed for ongoing monitoring and service coordination even though there was no Medicaid billing for an Assessment or Plan of Care?

A: Ongoing can be billed to Medicaid even though the Assessment and/or Plan of Care was not. Page 11 of the Case Management Handbook, Covered and Noncovered services says:

"Providers need not have billed Wisconsin Medicaid for either an assessment or a case plan prior to billing for ongoing monitoring and service coordination. Providers meet Medicaid requirements if the assessment is complete and a current case plan meeting the standards for Medicaid reimbursement is in the recipients file".

Q: On page 19 of the Medicaid Handbook Case Management Services, it says ongoing monitoring and service coordination covers recordkeeping which includes among other things- "preparing and responding to correspondence with recipients and

collaterals". The question was asked how can this be documented, since phrases such as "left messages, or left voice-mails" are non-billable activities?

A: This answer came from a policy analyst from the state Department of Health and Family Services- auditors do not want to see "left messages" types of documentation.

They do want to see the documentation warrant the amount of time billed. The preparation of a document that is clearly referred to by date and content in the client files is more likely to pass the auditor's inspection than a half hour or hour billed for unspecified recordkeeping.

Q: Can Medicaid be billed if the recipient, after having spent an hour and a half with the case manager doing an assessment, decides he/she really does not want case management services?

A: Yes. Page 10 of the Wisconsin Medicaid Handbook, Covered and Non-Covered Services Section says "*Bill the time for completing" ... "some components of the comprehensive assessment as part of a determination that a recipient meets any target populations eligibility criteria."* The assessment time can only be billed if the client is determined to be eligible for case management. If the client is not eligible for case management, Medicaid cannot be billed. The client's request to not proceed with case management services needs to be thoroughly documented.

Spring File Reviews of Targeted Case Management

Beginning in the latter part of March and the first three weeks of April, file reviews were performed at Targeted Case Management providers. The aim of the reviews is to ensure all applicable Medicaid guidelines are being followed and to provide guidance and support as needed. The support and guidance is provided to help prevent future problems from occurring rather than just trying to find and correct past errors.

Some early findings:

- Please make sure the documentation is sufficient to warrant the time billed, the more time billed, the more complete the documentation should be.
- Ongoing notes should reference a specific goal in the Plan of Care.
- If abbreviations are used, make sure there is a legend accessible. State auditors will not spend a lot of time figuring out unknown or obscure abbreviations. They will simply disallow what has been billed.
- Please make sure the time listed in the case files adds up to the amount billed
- Please maintain legible and neat records.
- Make sure all case notes and billing records are in the recipient's file.

Crisis Update

In the January MA newsletter, reference was made to expanding crisis services in Kenosha County. This has indeed become a reality as Families First has been providing crisis plans to those clients felt to be at risk for having future crisis episodes. The expansion was done with the cooperation of Kenosha Human Development Services Director Byron Wright and Kari Foss, KHDS Crisis Stabilization Coordinator. Also working on this expansion of services was a crisis committee comprised of John

Jansen, Laurie Staves, Debbie McGrain, Ron Rogers, Nancy Morey and Jerry Cronin.

February 10th was the kick-off date for the new services after an educational session given by Kari Foss. Dr. Thomas Grundle has since given an inservice on handling and de-escalating crises and will be further involved in providing educational support to crisis providers.

EDS sponsored Case Management Seminar

Recently a KCDHS employee went to an EDS seminar on Case Management. The presenters emphasized a number of points that need to be repeated. The major point seems to be there needs to be adequate documentation to warrant the billing. One slide emphasized it this way:

“Documentation is very important; most Medicaid audit recoveries are due to insufficient or total lack of documentation including case manager signatures. Remember if we don’t see it, you didn’t do it”

Another area stressed was the need for complete and thorough Assessments and Care Plans that were signed and dated. Without these, all the billing for the client can be recouped including the subsequent ongoing monitoring and coordination billing.

Did You Know?

In 2003, Personal Care accounted for 61% of the Medicaid revenue received by the Kenosha County Department of Human Services.