Kenosha County Department of Human Services Medicaid Newsletter

January 2004 *Volume 2, Issue 1*

Jerry Cronin, DHS Medicaid Coordinator **jcronin@co.kenosha.wi.us** **(262) 697-4648**

2004 Expectations

Welcome to the first 2004 Medicaid Newsletter. As I begin to write and put together material for these newsletters, which should be published three times a year, it is fitting that you as readers know what the goal is for the newsletters. My aim is to have them be informative, to the point, and useful. Likewise, I would like them to encourage two-way communication. In other words, I want you as providers to be able to use the information and hear from you how to make it better and more useful. Your comments, ideas and feedback are not only welcome they are essential. We value your feedback.

As Medicaid Coordinator, there is a list of goals that I would like to achieve, one of which is to serve as a resource individual for you on Medicaid-if you have a question, concern, idea or comment on particular regulations or on Medicaid in general, please contact me. I spend a great deal of time reviewing and studying in detail the regulations and updates in part so that you will not have to do the same.

I am extremely excited to be working at Kenosha County and look forward to working with you.

HIPAA Changes

In what had to be the most sweeping transformation in Medicaid history, the changes mandated by the HIPAA legislation were begun on October 1st of 2003. HIPAA changed the way time units are recorded, changed the diagnosis codes used, changed the procedure codes and altered the way in which claims are submitted to Medicaid. Wisconsin Medicaid warned about delays in the processing of claims due to the HIPAA conversion and this has come to pass. On top of everything, the move of the Divisions of Disability Services, Health, Children and Family Services and Aging to the Kenosha Job Center/Human Services Building has added to the changes being made. In spite of the numerous complications, Medicaid payments are beginning to flow to the county. If you have specific questions or comments concerning HIPAA and how it is affecting your area, please feel free to contact me.

Targeted Case Management File Reviews

Sometime during the Spring of 2004, onsite file reviews of case management records will be done for the last six months of 2003. You will be notified of the date and time. As usual, the presence of the case manager at the review is not required as long as the files requested are available.

Top Ten Recommendations-2003 Case Management File Reviews

All providers that participated in 2003 targeted case management file reviews received feedback on their performance in having adequate documentation to support what was billed to Medicaid. It is essential also to continue to be informed of what is required by Medicaid and to likewise be aware of some common oversights that are made by case managers. In this spirit, the

following is a listing of ten things to be kept in mind in providing, documenting and billing targeted case management services:

1. The documentation must be complete and accurate to support the services provided.
2. Please be aware that the following are not Medicaid billable under case management: providing a direct service, leaving a message, traveling to a clients home and finding no one at home, no shows, or attempted contacts.
3. If there are blank spaces on the assessment/ plan of care form, they should be marked N/A.
4. A face-to-face or telephone contact with the recipient/family/guardian or a face-to-face, telephone or written contact with a collateral contact every month needs to be documented.
5. Date of completion needs to be noted on Assessment and Plan of Care form.
6. Ongoing monitoring is only reimbursable by the designated case manager. Also, when there is a change in the primary case manager, there must be written documentation of that change and of the reason or rationale for it.
7. Any holes punched in the files should be done so that dates and other important information are still readable.
8. A complete assessment and case plan must predate any covered ongoing monitoring and service coordination, except in emergency situations.
9. The Target Population should always be clearly identified on the assessment form.
10. If your agency incurred a cost for individuals providing an assessment or case planning services, it is billable; otherwise only the time of your staff in assessment or case planning activities can be billed to Medicaid.

72 Hour Rule-Out of Home Placement

Kenosha County recently received further clarification on what constitutes "out of home placement" which prohibits billing for Targeted Case Management (TCM) services. The question that was posed to the state concerned children who were given a 72 hour court ordered detention and their eligibility to still be billed for Targeted Case Management. Michelle Rawlings of the state Department of Health and Family Services wrote in response- if a "child was in a 72 hour hold in secure detention and does not enter into a subsequent out of home placement, i.e. relative home, foster home, group home/shelter"… "then Targeted Case Management can be claimed". By not going to another out of home placement after the 72 hour hold, the child is considered outside the child welfare system or federal IV-E or AFCARS requirements and thus eligible for Targeted Case Management to be claimed.

Crisis Update

Kenosha County has a contract with Kenosha Human Development Services (KHDS) to provide emergency mental health services to the county. KHDS is the HFS 34 certified provider and went through an extraordinary amount of work and effort to gain this certification. In conjunction with the county, KHDS is working with Families First and the Prevention Services Network programs to expand crisis services in Kenosha County. This project will involve education, coordination of services and the combined efforts of all involved but should be a big positive for those individuals in need of emergency mental health services as well as a source of additional revenue for the county. Thanks to all working on this project. Look for more details on this initiative in future issues.