

Kenosha County Department of Human Services

Medicaid Newsletter

"A Newsletter intended for all Contracted Providers of Medicaid services for
Kenosha County Department of Human Services"

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CCS (Comprehensive Community Services)

- Kenosha County is launching a completely electronic record system for CCS this month. This system will be available to all CCS providers for maintaining case notes that support billing units. The system will enhance Kenosha County's ability to provide the best possible services to our consumers.
- CCS has multiple service arrays that can be utilized in order to provide adequate recovery support to consumers. The previous Medicaid Newsletter, Volume 13, Issue 3 described Screening and Assessment. The next service array to be highlighted is Service Planning, which is also completed mostly by the service facilitators. Service Planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member.



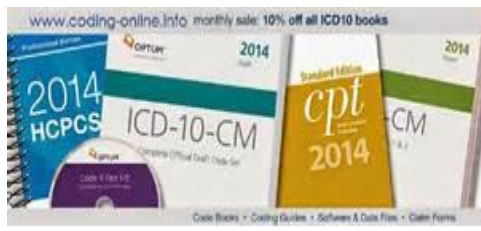
- The service plan must:
 - Have all services authorized by a mental health professional or substance abuse professional if substance abuse services will be provided



- Be based upon the assessed needs of the member
- Include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes
- Be completed within 30 days of the member's application for CCS services
- Be signed by the member, mental health or substance abuse professional and the service facilitator

- The service plan must be reviewed and updated based on the needs of the member or at least every 6 months, in writing.
 - The review must include an assessment of the progress toward goals and member satisfaction with services.
 - The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.

All Medicaid Programs



Wisconsin Medicaid implemented the change from billing with ICD-9 codes to ICD-10 codes in 2015. This change was quite extensive as there was not necessarily a direct one-to-one relationship between the previously used ICD-9 codes and the newly required ICD-10 codes. It also encompasses more specific coding requirements. ICD-10 requires the use of DSM V diagnoses, but there are some DSM IV and older diagnoses that are no longer available in the DSM V.

Medicaid Program FAQ's

Q: Can a client be enrolled in TCM and CCS?

A: No, each is a Medicaid benefit and that would be a duplication of services, which is not allowed. Additionally, a client cannot be enrolled in CLTS and CCS or CLTS and TCM for the same reasons.

Q: Can I bill for a missed appointment?

A: The key to billing for services to Medicaid for reimbursement is “services”. When there is a missed appointment, there is no service provided and therefore not billable to Medicaid.

Additional Questions?

If you have any questions regarding the information in this newsletter or have any other questions feel free to contact me.

