

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)

We continue to review service arrays within CCS. The previous Medicaid Newsletters addressed Screening and Assessment, Service Planning and Service Facilitation, Diagnostic Evaluations and Medication Management. The next service array to be highlighted is Physical Health Monitoring.



Physical Health Monitoring services focus on how the member's mental health and/or substance use issues impact his or her ability to monitor and manage physical health and health risks.



Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills.

CCS Annual Recertification

The Division of Quality Assurance reviews DHS programs on a regular basis to ensure compliance with the rules. Kenosha County had our on-site review for DHS 36 (CCS) in April. The review was a success and the program was recertified for the maximum allowable amount of time, two years! Congratulations to the entire Kenosha

CCS Team for the efforts that went into preparing for the review and the successful outcome!



TCM Tips and Reminders

- Make sure every note ties to the Plan of Care and answers the 5 W's and H.
- Ensure every file is neat and organized.
- Bill reasonably in relation to effort.
- There must be some contact either with the client or a collateral in order to bill for recordkeeping in a calendar month.



Targeted Case Management (TCM) FAQ's

Q: We did not bill the TCM Assessment or Plan of Care... Can we still provide the client with Ongoing services and bill those services?

A: Yes, as long as there is a completed Assessment and Plan of Care in the file. While Medicaid requires an Assessment and Plan of Care in the file (and completed in the correct order), they do not require that every phase be billed in chronological order. Medicaid allows up to 365 days to bill each date of service so if these documents were completed and the billing was missed or the client got backdated Medicaid, we can go back and submit billing for those services.



Additional Questions?

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