

Medicaid Targeted Case Management Monitoring and Follow-up

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Quality Assurance Team
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Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet criteria for medical necessity for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

Purpose of the Orientation

- To act as a guide for Medicaid Targeted Case Management (MTCM) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering MTCM.
 - While this presentation is designed to enhance understanding of the Medicaid standards regarding the MTCM Policy Manual, all aspects and policy are not covered in this presentation. Please review the MTCM Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

Monitoring and Follow-up

- The case manager will monitor an initial referral at a minimum of once every 60 calendar days or more frequently if needed for services, or to confirm with an existing provider that services are still needed for each objective or service listed on the case management plan (CMP).
- The case manager should monitor the beneficiary's progress and perform periodic reviews and reassessment of treatment needs.
- The case manager should arrange and monitor the beneficiary's access to primary healthcare providers. This may include written correspondence to a primary health care provider which gives a synopsis of the treatment the individual is receiving.
- Coordination and monitoring of other health care needs by arranging appointments for medical services with follow-up and documentation should be completed by the case manager.

Monitoring and Follow-up (Cont.)

- Monitoring and follow-up includes activities and contacts that are necessary to ensure the CMP is effectively implemented and adequately addresses the needs of the eligible individual.
- Monitoring and follow-up may be with the individual, family members, service providers or other entities.
- The following activities may be conducted as frequently as necessary, but must be monitored at least every 60 days to help determine whether the following conditions are met:
 - Services are being furnished in accordance with the individual's CMP.
 - Services in the CMP are adequate to meet the needs of the individual.
 - Identification of changes in the needs or status of the eligible individual. If changes in the needs or status of the individual are identified, monitoring and follow-up activities should include making necessary adjustments in the CMP and service arrangements with providers.

Need for Continued Service

- It is the expectation of SCDHHS that beneficiaries receive MTCM services not to exceed medical necessity.
- In addition to meeting the medical necessity requirements of a target population outlined in the “Covered Services and Definitions” section of the MTCM manual, the following must be met in order to continue receiving MTCM services:
 - Documentation of member’s participation and engagement in Targeted Case Management (TCM);
 - Progress toward accessing needed services is documented at the expected pace given the presence of medical/physical conditions, stressors and level of support, as evidenced by adherence with treatment and support services, improving severity of symptoms and functional impairment, and continued progress is expected;
 - The member has been re-assessed, treatment needs have been re-evaluated and medically necessary referrals have been completed if progress is not being made; and,
 - The member is allowing coordination of care with other providers and is involving family members where indicated and evidence of this is documented; for children/adolescents, the family is participating in treatment, adhering to recommendations and demonstrating ability to coordinate services on member's behalf.

MTCM Billable Activities

- Ensuring the active participation of the beneficiary in developing goals and actions to address the assessed needs and specified goals documented in the CMP.
- Working with the beneficiary and others to develop goals that address the assessed needs and specified goals documented in the CMP.
- Identifying a course of action with the individual to respond to the assessed needs and specified goals documented in the CMP.
- Ensuring the CMP is implemented effectively and is adequately addressing the needs of the individual.
- Contacting the beneficiary, family members, outside service providers or other entities to ensure services are being furnished in accordance with beneficiary's CMP.
- Ensuring the adequacy of the services in the CMP, particularly as changes occur in the needs or status of beneficiaries.

General Documentation Requirements

- Providers must maintain MTCM records in accordance with the Code of Federal Regulation 42 CFR 441.18(a)(7).
- Providers must document the following for all individuals receiving MTCM services:
 - The name of the beneficiary;
 - The dates of the case management services;
 - The name of the provider agency (if relevant) and the person providing the case management service;
 - The nature, content, units of the case management services received and whether goals specified in the CMP have been achieved;
 - If the beneficiary has declined services in the CMP;
 - The need for, and occurrences of, coordination with other Case Managers; and,
 - A timeline for obtaining needed services.
- Medicaid Targeted Case Managers who also provide direct services must document MTCM services separately from any other service.

General Documentation Requirements (Cont.)

- In addition to the requirements listed from the Code of Federal Regulations, individual MTCM records must include the following:
 - Needs assessments;
 - Service planning documents;
 - Case management activity notes;
 - All correspondence, including electronic mail messages and documentation written by the Case Manager and claimed for Medicaid reimbursement;
 - Social history assessments and/or social history updates, if applicable;
 - Medical Information;
 - Psychological assessments/psychiatric reports, if applicable;
 - Staffing Reports;
 - Individualized Education Plans and Individualized Family Service Plans (IFSPs), as appropriate and/or available;
 - Information from other service agencies providing services to the individual;
 - Forms and/or assessments that are contractually required by a specific case management provider; and,
 - Service agreements, if applicable.
- MTCM records must be arranged in a logical order such that the identification of needs, referrals, follow-ups, plan development and monitoring can be easily and clearly reviewed, copied and audited. Each case management provider shall maintain an index as to how the case management record is organized for paper and electronic health records.

