

# Medicaid Targeted Case Management Client Information & Authorizations

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Division of Behavioral Health  
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.

# Beneficiary Eligibility

- MTCM includes only services to beneficiaries who are residing in a community setting or transitioning to a community setting following an institutional stay.
- To be eligible for MTCM, an individual must be enrolled in Medicaid, and:
  - Meet eligibility criteria for one of the target populations outlined in the South Carolina State Plan;
  - Demonstrate motivation for receiving support in accessing services and be capable of benefiting from this support;
  - Be able to participate in the planning process, or if applicable, a responsible party participating on behalf of the beneficiary;
  - Provide a well-defined clinical rationale documenting and explaining why the member requires assistance in accessing supportive services due to their specific needs; and,
  - If the beneficiary is between ages 0–21, the Parent/Guardian/Caregiver must sign the Agreement to Participate in MTCM Services form.

# Parent/Guardian/Caregiver Agreement Form

- For beneficiaries ages 0 through 21 years of age, the Parent/Guardian/Caregiver (PGC) Agreement form must be completed and maintained in the beneficiary's record.
- The PGC Agreement Form must be updated every 90 calendar days and be present in the record.

# Notice of Privacy Practices

- Health care providers are required to comply with privacy standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, which includes providing all patients and/or clients with a Notice of Privacy Practices.
- An acknowledgement of receipt of the Notice of Privacy Practices must be signed and dated by the beneficiary and must be maintained in the patient's/client's record.
- Providers who file claims electronically are required under their Trading Partner Agreement (TPA) to ensure ready association of electronic claims with an acknowledged Notice of Privacy Practices or a signed statement from the beneficiary consenting to the release of information necessary to process claims.

# Notice of Privacy Practices (Cont.)

- Certain medical services may be subject to more stringent rules or regulations governing the disclosure of information than others.
- If a provider is unable to release information necessary for Medicaid claims processing due to the lack of proper notice or authorization from the beneficiary, payment may be denied and/or previous payments may be recouped.

# Freedom of Choice

- Each MTCM provider must assure that the provision of MTCM services will not restrict the beneficiary's free choice of providers in violation of section 1902(a) (23) of the Social Security Act.
- Eligible beneficiaries must have free choice of any qualified MTCM provider within the specified geographic area identified in the plan.
- Eligible beneficiaries must have free choice of any qualified Medicaid provider of other medical care under the Medicaid State Plan.



