MEDICAID TARGETED CASE MANAGEMENT FREQUENTLY ASKED QUESTIONS

What is the difference between Medicaid Targeted Case Management (MTCM) and service coordination?

Response: South Carolina Department of Health and Human Services (SCDHHS) places an emphasis on Medicaid when referring to targeted case management. Public agencies and private entities perform multiple activities and services they refer to as case management, care coordination, service coordination, and/or care management. MTCM is a Medicaid specific service for Medicaid beneficiaries that qualify for one of the target groups approved in the Medicaid State Plan. There are four components of MTCM - assessment, care planning, referral and linkage, and monitoring and follow-up.

Can the beneficiary receive transportation services to a Medicaid Targeted Case Management (MTCM) appointment with the MTCM case manager?

Response: Yes. Medicaid transportation can be utilized to access Medicaid covered services.

Revision to the Care Plan is listed under two different Medicaid Targeted Case Management activities. It is listed under Care Plan, Page 2-9 and under Monitoring and Follow-up, Page 2-10. Please explain what is the difference in "periodic revision" listed under the Care Plan component and "follow-up activities include making any necessary adjustments in the care plan" listed under the Monitoring and Follow-up activity.

Response: Development of a Care Plan is one of the four major components of MTCM. On page 2-9, the definition as relates to the Code of Federal Regulations is utilized. On Page 2-10 referring to the third bullet, places emphasis that during monitoring and follow-up, changes that are identified requires changes to the care plan for future monitoring and follow-up. (Under MTCM requirements, billing is allowed for identified needs from the care plan.)

*On Page 2-11 it states that "Effective **July 1, 2011**, all providers will be required to meet minimum frequency of MTCM contacts as outlined in this section. Should this be July 1, 2013?*

Response: Please note the Change control log. This is not a manual update for January 1, 2013. The effective date is correct.

Will DHHS accept a face-to-face contact with the beneficiary in his/her residential setting as meeting the annual requirement if this is completed during a direct service activity being performed by the agency?

Response: Any direct service activities should be performed and documented separately from the MTCM requirements.

Please explain what is meant by the bolded statement located on Page 2-14 and how it relates to the other information in the bullet.

Response: SCDHHS will be removing any reference to "general condition" from the Medicaid Targeted Case Management Manual.

Is DHHS aware of any third party payment source that is currently reimbursing for MTCM services? If so, would you please provide a list?

Response: See Section 1, Third Party resources include but are not limited to health benefits under commercial health insurance plans, indemnity contracts, school insurance, Workers' compensation, and other casualty plans.

The Code of Federal Regulations – 42 CFR 441.18(a)(4) states payment for case management or targeted case management under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose. Section 440.169 state Federal Financial Participation (FFP) is not available in expenditures for services when the case management is an integral and inseparable component of another Medicaid service.

Under Staff Qualifications, Page 2-21 you have two different qualifications for a targeted case manager. We assume that the first set of qualifications should be for a case manager supervisor?

Response: Yes. The first is the MTCM supervisor. This will be clarified in upcoming manual revisions.

We assume that since SCDHHS has already approved our curricula for case management services that we are still approved as long as new rules have been incorporated into our training materials? Our agency must train staff immediately on new target groups and requirements.

Response: Current training plans are acceptable as long have new MTCM criteria are included.

First bullet under MTCM Training, Page 2-22 lists only SED children for characteristics of the target population. We assume that you want us to train on the characteristics that are specific to each different target population (i.e. characteristics for "at-risk children").

Response: The manual is being revised to indicate on first bullet- Characteristics of the target population(s) to be served

Page 2-39 states that some beneficiaries may require services from more than one MTCM provider to be successfully managed and/or integrated into the community. Want to verify that two case managers will be allowed when appropriate by the guidelines listed in this section.

Response: This will be clarified as part of Phase II. If a beneficiary qualifies for more than one target population please contact SCDHHS. See update to MTCM manual.

Based on the language listed under Freedom of Choice, Page 2-41, the beneficiary may and can choose to have more than one MTCM provider if he/she meets more than one eligibility group.

Response: This will be clarified as part of Phase II. If a client qualifies for more than one target population please contact SCDHHS. See update to MTCM manual.

Our agency would like to request fifteen (15) months to complete the Quality Assurance annual audits listed on page 2-43. These audits will be conducted using the new criteria and will be completed from April 2013 through June 30, 2014. It will be impossible for DJJ to visit all forty-three counties from April through June 2013.

MEDICAID TARGETED CASE MANAGEMENT FREQUENTLY ASKED QUESTIONS

It should also be noted that the fiscal year 2012-2013 MTCM contract has not been received and we do not have the SCDHHS "specific stipulations regarding guidelines for record reviews" listed on page 2-44.

Response: Question referred to the contracting Program for response.

Is it mandatory that a "home" visit be made monthly with every customer receiving Medicaid Targeted Case Management (MTCM) services?

Response: There is not a requirement that a "home" visit be made monthly with customers receiving MTCM services. The amount of MTCM services provided should be based upon the individual case management needs of the customer. A person needs to be visited at "home" at least once annually.

Is seeking residential placement for a billable activity?

Response: Yes, helping a person obtain needed services is a billable MTCM activity.

When a client enters the state hospital, does billing for MTCM stop the day they enter the hospital? CM does coordinating activities while they are in the hospital in preparation for their dismissal from the hospital.

Response: MTCM services cannot be provided once a person enters a Psychiatric Residential Treatment Facility, Inpatient Psychiatric Hospital, ICF/MR or nursing facility unless the MTCM services are specific to a plan of discharge, and the services are provided within the allowable timeframes. MTCM services may be provided up to 90 days prior to the date of discharge if the person had resided at the institution for 180 continuous days or more.

What about attending a service plan development or treatment team meeting?

Response: If activities meeting the MTCM service definitions were provided during an IEP meeting, the services would be billable.

Are activities billable if they are not on the Case Management Plan (CMP)?

Response: The only billable activities not on the CMP are the comprehensive case management assessment and development of the case management plan. All other MTCM activities must be listed on the CMP.

Is developing the CMP a billable activity?

Response: Yes, development of the CMP is a billable MTCM activity if documented in a service note.

Is it MTCM when a case manager attends an appointment to make sure the consumer accesses all benefits that are available to them?

Response: Direct services, such as transporting a beneficiary to an appointment or accompanying a beneficiary to a medical appointment are not allowable under the definition of the Medicaid case management or MTCM benefit. However, if the case manager provides a service that meets the MTCM service definition and it is documented then the actual amount of time spent providing the MTCM service is billable.

MEDICAID TARGETED CASE MANAGEMENT FREQUENTLY ASKED QUESTIONS

Meeting with the client in his or her own home for a home visit/monitoring is no longer acceptable?

Response: A Medicaid targeted case management service is a billable activity if it meets the Medicaid definition of MTCM, regardless of the location it is provided within the person's community.

What exactly is considered "after the fact"?

Response: "After the fact" means a provider must document all MTCM services provided prior to submitting a claim for them. Any documentation generated after the claim has been submitted will not be accepted in the case of a utilization review.

Am I to spend half my time providing services for free because we do not have the services of other providers that you guys are working with in an urban area?

Response: Direct services are not billable MTCM activities regardless of community location.

Arranging transportation that the targeted case manager is unable to give is not a billable service either?

Response: Helping a person obtain a needed service such as transportation is a billable MTCM service.

Is concurrent case management still an option?

Response: SCDHHS will be removing any reference to "concurrent case management" from the Medicaid Targeted Case Management Manuals. It will be necessary for SCDHHS to review and authorize multiple case managers, in rare cases where the need is identified.

Is assisting a beneficiary with an appeal a billable service?

Response: Contacts with beneficiaries and providers are billable if it demonstrates the definition of MTCM tasks: assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities. Delivery of a direct service is not a billable activity. Preparing the forms for an appeal would be a direct service.

Please explain what this includes. Case managers provide educational/guidance services to beneficiaries. Is this a MTCM billable service?

Response: Contact with beneficiaries is billable if it demonstrates the definition of MTCM tasks: assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities.

What constitutes a "non-medical program"?

Response: Examples include: Vocational Rehabilitation, Work Program, and any other program that the beneficiary may utilize such as housing assistance, food assistance, and financial assistance.

If a MTCM accompanies a beneficiary to an appointment for translation purposes would the task be considered billable?

Response: No that would be a direct service, however helping that individual obtain interpreter services would be a billable MTCM activity.

Can a MTCM attend a social security hearing when asked to speak on behalf of a consumer for eligibility?

Response: Direct services, such as transporting a beneficiary to an appointment or accompanying a beneficiary to an appointment are not allowable under the definition of the Medicaid targeted case management. However, if the case manager provides a service that meets the MTCM service definition and it is documented then the actual amount of time spent providing the MTCM service is billable.

Is communicating with medical personnel in a hospital or facility setting a billable service?

Response: Contact with beneficiaries and providers are billable if it demonstrates the definition of MTCM tasks: assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities.

Does contact in regards to monitoring and follow-up include documentation from other service providers and entities?

Response: Contact with other providers and entities could be related to "Referral and Related Services" and Monitoring and Follow-up" activities. If you are filing that documentation, and your logging states only that you filed that correspondence, an auditor would look at that as an administrative task.

A lot of our contacts are now electronic. Are emails billable?

Response: Contact with consumers and providers are billable if it demonstrates the definition of MTCM tasks: assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities.

In scheduling an appointment for person served, if the person served only receives case management and person served cannot perform scheduling activities and MTCM case manager does it for him/her will it be a billable activity?

Response: Scheduling appointments on behalf of the beneficiary when he or she cannot perform the function would be a billable activity - specifically referral and related activities.

If client is not able to make their own medical appointments and CM makes the appointment, is this a billable activity?

Response: Scheduling of appointments to obtain needed services is a billable Medicaid MTCM activity. However, if a person is able to schedule their own appointments they should do so in accordance with the philosophy of independent living and SRS's belief in promoting adult self-sufficiency.

What about assistance with completing tax forms and apartment applications?

Response: No. That would be delivering a direct service.

MEDICAID TARGETED CASE MANAGEMENT FREQUENTLY ASKED QUESTIONS

While I was waiting for a consumer to be picked up by a direct service provider I did some direct care for her. I helped get her in the bath and took her to the store. Is this something I should not have billed for or done?

Response: Delivering a direct service is not a MTCM billable activity. Your employing entity should have policies and procedures in place that would address if you should have performed the task.

What are we to do when there is no transportation in rural areas and the consumer has to get to the doctor?

Response: Providing transportation is the role of a direct service provider and not a billable MTCM activity. Your employing entity should have policies and procedures in place to guide your practice.

Is assisting a consumer with completing a form (food stamps, disability claim) considered a direct service?

Response: Assisting a consumer with completing a form is a direct service and is not a billable MTCM activity.

If the MTCM case manager provides counseling regarding behavior conflicts that the client is experiencing on the job or living environment, is this billable?

Response: Providing counseling is a direct service and not a billable MTCM activity.

When making a change of address or name change and providing that information to agencies that need that information, is it billable?

Response: Yes. The activity could fall under referral and linkage or monitoring and follow-up and is potentially a MTCM service.

Is it billable when completing Medicaid applications or Social Security applications, housing applications, food stamps, to assist the client in receiving these services, if they are incapable of completing them on their own?

Response: Completing a Medicaid or Social Security application(s) housing applications or food stamps application goes beyond referring and is a direct service that is not billable to MTCM.

Should Case Managers be taking clients to all their appointments, or should this be the responsibility of the direct care staff?

Response: MTCM should not be billed for transporting a client. Your employing entity dictates what other job functions you should perform.

Where can we find a list/definition of direct care services? So we can differentiate from MTCM.

Response: There is no identified list of direct services. However, there are service definitions for MTCM in the South Carolina Department of Health and Human Services MTCM provider manuals. "Doing" a supportive task or providing some type of physical assistance for a person is a direct service, not a MTCM service. The MTCM's role is not to provide the actual support for a person, but rather linking that person with providers, programs and services to provide the necessary support.

MEDICAID TARGETED CASE MANAGEMENT FREQUENTLY ASKED QUESTIONS

Can we bill for assisting with paying bills, picking up medications, setting up medication dispenser, or shopping for the client?

Response: Providing a direct service for a person is not a billable MTCM activity. A MTCM's role is to assist an individual in gaining access needed medical, social, and educational or other needed services, not directly providing such services. In some cases the case manager may choose to provide these types of supports to a person, however that time spent providing those services is not billable to Medicaid for MTCM services.

We have several applicant/client cases that have closed since January 1, 2013. The Freedom of Choice form was not signed on these clients/applicants prior to closure. Will we still be able to bill for the MTCM services provided to them given MTCM services were provided during the grace period (up to March 31, 2013)?

Response: Yes.

Can the Freedom of Choice form be signed for more than one agency?

Response: It is possible that the beneficiary may sign multiple forms. The most recent form would be valid if SCDHHS had not verified the need for multiple case managers.

What if a client/parent has already signed a Freedom of Choice form with another agency and as a matter of ethics (in choosing two providers) or fear that services may be denied by the other agency, the client/family will not sign a Freedom of Choice form. ?

Response: If the parent or guardian made a selection, they are not required to choose again. However, intimidation, threats, or withholding of other Medicaid services is a violation of Freedom of Choice. Violations should be reported in writing to SCDHHS.

However they still wish to receive care coordination and advocacy services from us. Can we still bill for MTCM services during this interim phase (if these services are provided)?

Response: No. The client has the right to refuse MTCM services. The services provided by an entity should not be predicated on receiving MTCM services. So the entity could provide the other services the client wishes to receive. Services for care coordination should be billed under the appropriate procedure code.

What if more than one agency has the client sign the Freedom of Choice form before or after the client signs our form?

Response: The most recent form would be honored and considered the client's choice.

In other words, what if multiple agencies have a signed Freedom of Choice form and apply for prior authorization (PA) for the same beneficiary (same beneficiary/family chooses more than one agency to provide MTCM specific to each agency's expertise in meeting the beneficiary's multiple needs)?

Response: Prior authorization is not in place. Again the most recent form would be honored as client's choice.

What should SCs say to clients/families regarding the Freedom of Choice selection (without feeling like a car salesman)?

Response: Freedom of Choice is written in federal law and regulations. The Medicaid case manger should not be attempting to convince the client to select a particular provider. Share the list of enrolled providers and ask them to make a choice.

Can we develop new tools for marketing strategies to assist Intake staff?

Response: Yes. The marketing should highlight the services and the entity's ability to deliver the services.

If the parent refuses to sign the Freedom of Choice form, can they still be our client?

Response: Yes, they can be your client but you may not bill MTCM.

Must the Freedom of Choice form be signed every year?

Response: This will be addressed with upcoming policy changes.

What happens when a client/family changes their mind during the middle of an approved period (e.g., year) and signs with another agency?

Response: The most recent Freedom of Choice form will be considered client choice.

How would we know and how is this facilitated by agencies/PA?

Response: Currently, you would have to ask the client agencies who currently provide them services during your assessment. The client should be informed that they are already receiving case management but may make a new selection at any time. The new MTCM provider should utilize professional judgment and inform the former MTCM provider. Implementation of prior authorization will remedy this.

How will this be incorporated into our Intake process?

Response: The individual agencies will develop their own policies.

Is it that our applicants can also sign the Freedom of Choice form for our staff to begin claiming MTCM for assessment, referrals, etc. prior to client status?

Response: If eligibility criteria have been met, Freedom of Choice needs to be discussed and the signed form placed in the client's file.

Can the regions bill for completing the Interim MTCM Transition Form and Freedom of Choice form as they can when completing the Medical Necessity Statement?

Response: No. This is considered an administrative function unless you were completing the periodic reassessment. These are temporary forms.

Is it okay to bill for services between January 1 and March 31 for closed cases (or any cases) in which a Freedom of Choice form is not signed?

Response: You may bill for services rendered prior to closure. It is not the expectation that you get the form signed on closed cases.

If the parent refuses to sign the Freedom of Choice form, can we bill MTCM?.

Response: No.

Is the time that the MTCM provider spends meeting with his/her supervisor billable under MTCM?

Response: As long as the case note supports the staffing delivered a MTCM service.

If the parent has signed the FOC, then later decides they do not want our services to continue, can we bill for activities related to closing out services after they indicate they wish services closed?

Response: As long as the activity falls under one of the four components and is completed and narrated within seven calendar days.

Differences in CM and MTCM between agencies – what if the family signs for MTCM with an agency that is not providing true MTCM.

Response: As of January 1, 2013, the agency will reimburse providers who meet enrollment criteria and the client has selected through Freedom of Choice.

If multiple forms are signed, who determines the true MTCM and who can bill?

Response: SCDHHS will recognize the most recently signed Freedom of Choice form during a post payment audit/review.

When COC, DMH and DJJ are all involved, what if clients feel compelled to choose one of these other agencies due to legal issues (DJJ due to court order for CM) or mental/medical issues (DMH due to mental/medication stability needed to move forward), resulting in a loss of general care coordination to pull all services and involved parties together?

Response: The client has the right to choose. Service providers may have multiple funding sources and have responsibilities outside of Medicaid. Medicaid reimburses for services and should not be considered a funding source.

Who is the lead agency if we remain involved with the client but the Freedom of Choice is signed by another agency?

Response: This should be based on Memorandums of Agreements between the agencies.

Does the date order of signing the Freedom of Choice determine who will be the MTCM?

Response: Yes. The most current Freedom of Choice (FoC) form determines the provider.

What will be the effect on interactions with other agencies (closed? uncooperative? competitive?)? Competition splits agencies from families and each other.

Response: Regardless, it is written in the law that Medicaid beneficiaries have the right to FoC.

In your letter dated December 19, 2012 under Concurrent Case Management, you state that this is no longer a part of the MTCM program and the section MTCM Hierarchy Guidelines has been removed from the revised MTCM Manual (and replaced with the Freedom of Choice section). However the following statements are still part of the revised manual. Would you please provide further clarification regarding Single Case Manager and Freedom of Choice concepts?

MTCM Manual Coordination of Care

- Some beneficiaries who are dually diagnosed or have complex social and/or medical problems may require services from more than one MTCM provider to be successfully managed and/or integrated into the community. The needs and resources of each beneficiary may change over time as well as the need for case management services from another provider. MTCM providers must work closely and cooperatively if beneficiary needs are to be adequately met and duplication of services and Medicaid payments are to be avoided. A system must exist within each MTCM program to ensure that service providers are communicating, coordinating care and services, and adequately meeting individual needs.

MTCM Manual Freedom of Choice

- There are situations where a beneficiary may qualify for more than one target group if he or she chooses more than one MTCM provider.

MTCM Manual Provider Responsibilities

- Each provider shall: Attempt to identify during the intake process whether an applicant is already receiving case management services from another Medicaid provider AND Notify any other involved Medicaid case management providers of an applicant's request for service
- Additionally, MTCM providers shall be responsible for the following: Providing consultation and technical assistance to another case management provider to confirm, facilitate and/or promote the presence of appropriate management structures.

Response: See manual revision effective March 1, 2013.

What are the step-by-step instructions on what to do for MTCM from beginning to end? What do we do when?

Response: Medicaid spells out the components of MTCM. Please see your Medicaid Targeted Case Manual, section two. Consult with your management staff for training.

Is there any link between the family's freedom of choice of a single case manager and authorization for Rehabilitative Behavioral Health Services (RBHS) and residential placement (IPPH and PRTF)?

Response: FoC has nothing to do with service authorization. Rehabilitative Behavioral Health Services, inpatient psychiatric services, or PRTFs are separate programs. FoC cannot be utilized to approve or deny access to another Medicaid service.

Does the family's chosen MTCM worker have to authorize all services?

Response: Service authorizations are not a function of MTCM.

MEDICAID TARGETED CASE MANAGEMENT FREQUENTLY ASKED QUESTIONS

What do we do in situations where a parent refuses to sign this form?

Response: Do not bill MTCM.

Do we proceed with the Intake Process and selection?

Response: These are internal management decision points.

Do we close our case?

Response: These are internal management decision points.

Should the parent check the "no" box on the FoC form?

Response: If the individual has indicated they have made a FoC selection and does not wish to make a new selection, there is no need to complete the form. We will consider revising the form to add an additional box to indicate client wishes to keep their current MTCM services.

The uncertainty as a result of all of these unanswered questions is creating a huge amount of anxiety for our service-oriented staff and families!

Response: Please continue to review the Policy and Procedure manual. Questions are welcomed. MTCM staff is available to provide technical assistance.