

North Dakota Medicaid Policy for Targeted Case Management – Child Welfare

TARGETED CASE MANAGEMENT SERVICES

New/revised language can be identified between «» symbols throughout the policy.

Definition

Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services necessary for appropriate care and treatment.

Targeted Case Management includes the following assistance:

- A. **Comprehensive assessment and periodic reassessment** of individual needs to determine the need for medical, educational, social, or other services. Assessment activities include:
 - 1) taking client history;
 - 2) identifying the individual's needs and completing related documentation; and
 - 3) gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

- B. **Development (and periodic revision) of a specific care plan** based on the information collected through the assessment that:
 - 1) specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - 2) includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - 3) identifies a course of action to respond to the assessed needs of the eligible individual.

- C. **Referral and related activities** (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

- D. **Monitoring and follow-up activities:**
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate;
 - changes in the needs or status of the individual are reflected in the care plan; and
 - monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Review Requirements: The care plan is reviewed and updated at least quarterly to reflect the accomplishments and changing needs of the eligible child.

Collateral Contacts: Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of:

- 1) helping the eligible individual access services;
- 2) identifying needs and supports to assist the eligible individual in obtaining services;
- 3) providing case managers with useful feedback; and
- 4) alerting case managers to changes in the eligible individual's needs (42 CFR 440.169(e)).

Case management services are coordinated with and do not duplicate activities provided as part of institutional services and discharge planning activities.

TCM DOES NOT INCLUDE

TCM does not include, and Federal Financial Participation (FFP) is not available for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

See Addendum for common questions and answers.

RECIPIENT ELIGIBILITY FOR SERVICES

Target Group

Individuals eligible for this service must:

- Be Medicaid eligible; and
 - Be a child who is the victim in an abuse or neglect report with a finding of 'Services Required' or 'No Services Required'; or
 - Be a child receiving services dictated by a court order or voluntarily; and
 - Be a child served by the Department of Human Services, a County Social Service Board, North Dakota Division of Juvenile Services, or a North Dakota federally recognized Indian tribe or Indian Tribal Organization
- OR
- Be Medicaid eligible; and
 - Be a child placed in North Dakota pursuant to the Interstate Compact for the Placement of children (ICPC) who are placed by an agency from another state.

The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000).

PROVIDER QUALIFICATIONS

A. **Agencies** must meet all of the following criteria:

- 1) Have in place a training process that ensures staff have adequate knowledge relating to children involved in unsafe, crisis, and/or unstable situations; and
- 2) Demonstrate the ability to be available 24 hours, 7 days a week to eligible clients who need emergency case management services; and
- 3) Ensure supervisors of case management staff have a minimum of a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice; and supervisors
 - a) Successfully complete the Department of Human Services approved Wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within twelve months of beginning to provide case management; and
 - b) Maintain Wraparound Certification status through attending a Department of Human Services approved Wraparound Recertification training at least once every two years.

B. In order to meet the case management needs, two separate categories of **individuals** are available to children served by the child welfare system.

- 1) **Individuals who are not employed by a North Dakota federally recognized Indian Tribe or North Dakota Indian Tribal Organizations, and are providing case management services must meet all the following criteria:**
 - a) Bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice. Previously enrolled individuals with a bachelor's degree in a closely related field will be allowed to remain enrolled and eligible to provide case management. The Department of Human Services may approve future individuals with a bachelor's degree in a closely related field at the Department's discretion; and
 - b) Successfully complete the Department of Human Services approved Wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within twelve months of beginning to provide case management; and
 - c) Maintain Wraparound Certification status through attending a Department of Human Service's approved Wraparound Recertification training at least once every two years.

2) Individuals performing case management services for North Dakota federally recognized Indian Tribes or North Dakota Indian Tribal Organizations must meet all the following criteria:

- a) Have at least six months experience in delivering services in a community or home setting to children involved in the child welfare system; and
- b) Demonstrate they possess the necessary cultural sensitivity and background knowledge to provide appropriate services to the Native American population they are serving; and
- c) Successfully complete the Department of Human Service’s required Wraparound Certification training, or be in “Provisionally Certified” status of successfully completing Wraparound Certification training within twelve months of beginning to provide case management; and
- d) Maintain Wraparound Certification status through attending a ND Department of Human Service’s approved Wraparound Recertification training at least once every two years.

DOCUMENTATION REQUIREMENTS

The following list contains the minimum contents required for the plan of care for each Medicaid recipient receiving TCM services.

- Name
- Age
- Family composition
- Current residency
- Education level or current educational setting
- Work status/employment
- Placement history (including facility, admission and discharge date)
- Narrative history or background of recipient
- Presenting concerns
- Diagnosis (if applicable-all Axes)
- Behavioral patterns
- Names of Practitioners that are providing care/services to the recipient
- Legal responsible party
- Treatment goals/primary plan of action
- Summary of progress/goals
- Medical needs (if available)
- Current health status (if available)
- Medication list (if available)
- Immunization record (if available)
- Recent medical appointments (if available)

Each recipient should have a primary point of contact. The primary point of contact should be delineated and easily identifiable in the recipient’s plan of care.

Provider performing and billing for TCM must maintain case records that document for following criteria to support services billed: TCM activity must be documented in a case activity log as follows:

- The Medicaid recipient’s name;
- The date of the TCM service;
- Each note or note page must include the provider of the TCM service;
- The nature, content, and time units (total time) of the TCM services received;
- Whether goals specified in the care plan have been or are being achieved;
- The need for and occurrences of coordination with other case managers;

- A timeline for obtaining needed services;
- A timeline for reevaluation of the plan
- Whether the individual has declined services in the care plan.

Case Activity Log- General Checklist

- Do the contents link to the eligible individual’s plan of care?
- Is the note dated, signed, and legible?
- Is the name of the person who performed the services identified in the log?
- Are any abbreviations used standardized and consistent?
- Does the narrative support the units of TCM claimed?
- Would someone unfamiliar with a case be able to read the note and understand exactly what has occurred in TCM?
- Is the activity documented, consistent with the intent of this ND Medicaid TCM service? (refer to page one, definition)

Reimbursement is based on the factors above. Documentation must be rooted in the official electronic record, if applicable or official record format of the agency.

ND Medicaid or its federal oversight agencies may conduct pre or post payment documentation review to ensure that the above criteria are met. Handwriting on printed documentation is not an accepted practice to fulfill documentation requirements if an audit is done. Such actions could be construed as alteration of a medical record.

Failure to comply with above criteria may result in claim denial and recoupment of Medicaid payment.

TCM SERVICES CODES

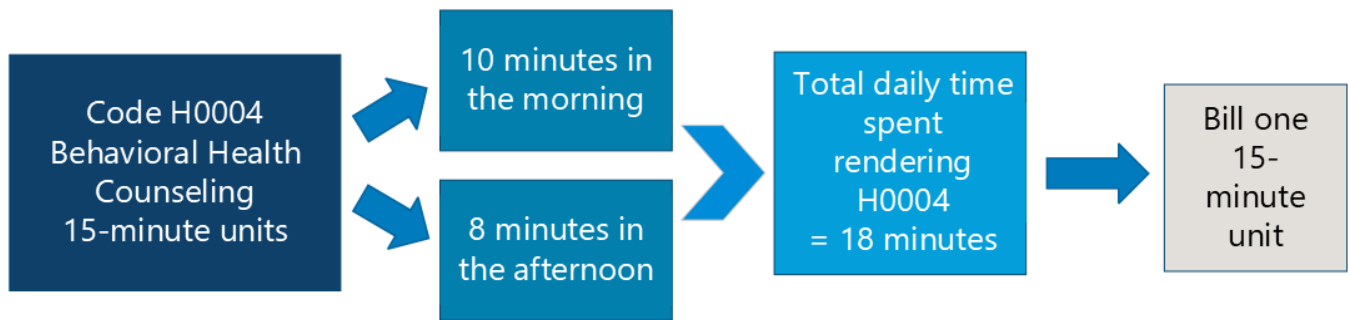
The billing code below is the only code allowed for North Dakota Medicaid TCM –Child Welfare Services.

Targeted Case Management-Child Welfare

Code	Code Description
T1017	Targeted Case Management, each 15 minutes

15 minutes = 1 unit of service
8 minutes – 15 minutes = 1 unit of service
7 minutes or less are not billable

«When billing for one code that is billed in units (i.e. 15 minutes) throughout a day, report the total amount of units on one claim line.



»

Services are limited to four hours per day. If additional services are medically necessary, the provider may request service authorization from the North Dakota Medicaid Program.

QUESTIONS AND ANSWERS:

- 1. Is the time spent entering, while developing, the Family Assessment Instrument/Care Plan-into the computerized system by a certified and authorized Wraparound practitioner billable for TCM?**

Yes, it is, but straight data entry of the plan is not billable.

- 2. Is completing applications and referral paperwork and reviewing documents (evaluations, IEP's) allowed TCM billable services?**

Yes, as long as the time relates to the development, monitoring or evaluation of the Care Plan.

- 3. Are making collateral contacts are an allowed TCM billable service?**

Yes, in the form of telephone, in-person, and e-mail contacts. Copies of emails must be included in file and time spent must be included. If the cumulative time for one day is more than 8 minutes, one unit can be billed. Documentation must show how time was cumulated to arrive at total time billed.

- 4. If a case manager is calling and coordinating services, for example, making a half dozen phone calls to providers that take about two to three minutes per call, can they be combined and billed as 1 unit?**

Assuming the content of the calls relates to the TCM allowed activities, if several calls are made for the SAME recipient, they can be claimed as a unit of TCM. If the cumulative time for one day is more than 8 minutes, one unit can be billed. Documentation must show how time was cumulated to arrive at the total time billed. A telephone call that does not result in a contact is not a billable TCM activity.

- 5. Where must the documentation for TCM activity be located?**

The justification for the time claimed as TCM must be documented in the case activity log. Within the case activity log, a reference can be made to the care plan; however, documentation that supports the TCM claimed MUST be in the case activity log.

6. Is supervision time an allowed TCM billable service?

Yes, as long as the time billed is focused on assisting a staff person in the development, monitoring or evaluation of the care plan for the eligible child.

7. Is TCM allowed for Court related time?

Only the time spent with the client/family discussing the planning process either before or after court involvement activity is billable. Time spent in the courtroom is not billable. Documentation must be clear on the TCM-specific time separate from time in court.

8. If a child is in foster care and is IV-E eligible and is returned home on a trial home visit, and the public agency still has custody, can TCM be billed?

No, the custodian cannot bill Medicaid TCM since IV-E continues to be the payer of IV-E case management. TCM cannot be billed anytime a child is deemed to be IV-E eligible

9. If a child is in foster care and is IV-E eligible and a public agency has custody, even though the public agency cannot bill Medicaid for TCM, can the foster care provider (not including the public custodial agency) bill Medicaid for the TCM services they provide?

Yes, a QRTP or Therapeutic Foster Care provider can bill Medicaid since IV-E funding is not available to them and Medicaid is the only payer for them in this situation.

10. If a child was in foster care and was IV-E eligible and returned home and the public agency no longer has custody of the child, when can TCM billing start since no foster care payments are made?

IV-E payments are made for the month and the child remains IV-E eligible for the entire month; therefore, Medicaid TCM can be billed beginning the 1st day of the month following the month returned to home. Example: Child is returned home on August 15th; Medicaid TCM can be billed starting for dates of service September 1, assuming the child continues to meet TCM target group eligibility criteria.

11. Can TCM be billed for foster care activities (including arranging for placement)?

No. TCM cannot be billed for direct services or foster care activities such as documentation required by the foster care program, assessing adoption placements, recruiting or interviewing potential foster care parents, serving legal papers, home investigations, providing transportation, administering foster care subsidies and making placement arrangements.

12. Can TCM be billed for case management services provided for someone else in the child's family unit? Example: The foster child's biological mother has a substance use disorder, and the case manager assists in arranging treatment services for her.

No. Centers for Medicare and Medicaid Services (CMS) guidance is very clear that services must be provided to, or directed exclusively toward, the treatment of the Medicaid eligible child. Medicaid TCM is only billable for case management services for the Medicaid eligible

child, who meets the target group eligibility criteria, even if services provided to others in the family unit will benefit the Medicaid eligible child.

13. Can TCM be billed by Qualified Residential Treatment Programs (QRTPs) and therapeutic foster care providers for case management services provide to children enrolled in the Voluntary Treatment Program?

No, Medicaid TCM cannot be billed for children in the Voluntary treatment program since these children are not in foster care. They are enrolled in the Voluntary Treatment Program in order to access treatment services without the parent needing to relinquish custody for payment purposes.

14. Can preparing for Termination of Parental Rights (TPR) and the resulting work in that process such as reviewing charts and evaluations, creating timelines that occurred in the case be billed to TCM?

No. TCM cannot be used to bill for direct services or foster care activities such as documentation required by the foster care program, assessing adoption placements, recruiting or interviewing potential foster care parents, serving legal papers, home investigations, providing transportation, administering foster care subsidies and making placement arrangement.

15. When a child in foster care that is IV-E goes from a foster home placement to a Psychiatric Residential Treatment Facility (PRTF), can TCM be billed effective the date of transfer, the 1st of the next month, or can we bill at all?

The PRTF rate is an all-inclusive, daily rate. This means that all medical costs including TCM are included in the daily rate. CMS would allow costs associated with targeted case management as part of the rate, as long as it fits within the Upper Payment Limit (UPL). CMS has been consistent with instructing states that reimbursement is part of the all-inclusive rate and that the PRTF is responsible for reimbursing outside providers. Also, Medicaid-funded TCM cannot be billed anytime a child is placed in an institution of mental disease (IMD).

16. If multiple agencies and case management staff attend the same meeting for an eligible child, who bills for TCM?

Yes, Medicaid is aware that more than one agency (DJS, HSC, CSS) may submit claims for the same child in the same month due to the complexity of the child's condition and circumstances. When the public custodian attends a meeting with other agencies, the custodian has priority to bill Medicaid TCM.

17. Is providing transporting to a Medicaid recipient an allowed TCM billable service?

No, however, if while transporting a child to a visit, appointment, therapy, etc., and there is discussion about their treatment plan goals, tasks, or updating information, this specific time can be billed for TCM. Documentation must be clear that while transporting the specified TCM activities occurred.

The TCM activity must occur during the transportation time in order to bill for TCM.

Example: If TCM services were provided and then transportation occurred, this transportation time is **not** billable. However, if while transporting a client to a medical appointment, coordination, monitoring, and assessment of client's current needs occurred to

determine if a change in treatment/plan of care plan is warranted, that specific time is billable for TCM.

Billable time is commensurate with the time spent providing TCM activities and is not linked to the time spent traveling or providing transportation.

Please note, these answers are subject to change and practices will need to be modified if future federal guidance alters the answers provided.