



Medicaid Targeted Case Management for Child Welfare

Updated April 10, 2025

(NOTE: This slide deck has been updated from what was originally published February 22, 2024)



Health & Human Services

Agenda

1. Definition of TCM
2. Eligible Individuals
3. Qualified Providers
4. Billable Activities
5. Documentation Guidelines
6. Case Examples

Presenters

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Diana Weber, HHS Children and Family Services
Tammy Juneau, RSR Human Service Zone



Eligible Children for TCM



Target Group #1

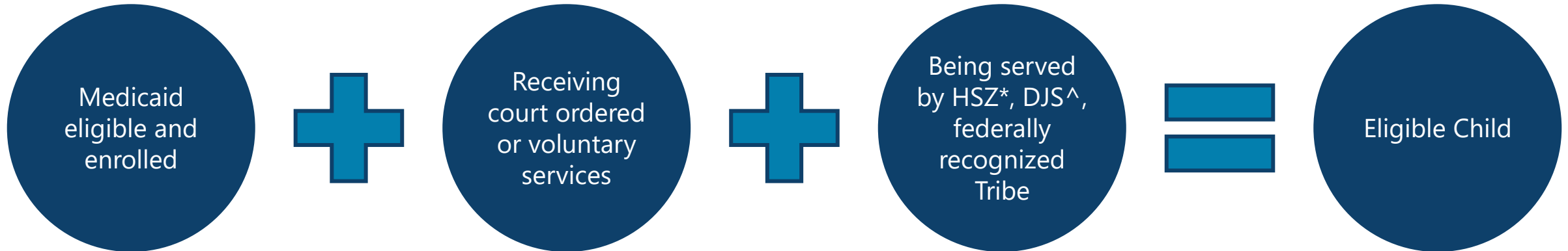


**Report of Suspected Child Abuse or Neglect*

Eligible Children for TCM



Target Group #2



**Division of Juvenile Services*

Eligible Children for TCM



Target Group #3



**Interstate Compact for the Placement of Children*

Qualified Providers of TCM

Criteria for Agencies



- Training process that ensures staff have adequate knowledge relating to children in unsafe, crisis and/or unstable situations; and
- Demonstrated ability to be available 24/7 to eligible children in need of emergency case management services; and
- Supervisors with minimum of bachelor's degree in people-serving programs*
 - *Provisionally Certified and successfully complete Child Welfare Certification Training within 12 months of employment*
 - *Maintain Wraparound recertification*

*Full list of bachelor's degrees at <https://www.hhs.nd.gov/sites/www/files/documents/targeted-case-management-child-welfare.pdf>.

Qualified Providers of TCM

Criteria for Individuals (non-tribal entities)



- Bachelor's degree in people-serving programs* (HHS may approve other closely related degrees at its discretion); and
- Demonstrated ability to be available 24/7 to eligible children in need of emergency case management services; and
- Provisionally Certified and successfully complete Child Welfare (Wraparound) Certification Training within 12 months of employment
- Maintain Wraparound recertification

**Full list of bachelor's degrees at <https://www.hhs.nd.gov/sites/www/files/documents/targeted-case-management-child-welfare.pdf>.*

Activities Billable for TCM



Comprehensive Assessments of the child's needs

- SFPM Protective Capacities Family Assessment form (Tool 5)
- Taking eligible child's history
- Identifying the child's needs and completing related documentation
- Gathering information from other sources for the assessment of an eligible child
 - *Family members*
 - *Service providers*
 - *Schools, Head Starts, Childcares*
 - *Other collaterals*

Activities Billable for TCM



Development (and periodic revision) of an individualized case plan

- Case plans include
 - *SFPM Case Plan form (Tool 6)*
 - *SFPM Protective Capacities Progress Assessment form (Tool 7)*
- Goals and actions to address the eligible child's needs
 - *Physical, dental, and vision*
 - *Mental/behavioral health*
 - *Social-emotional and developmental*
 - *Educational*
 - *Other services needed*

Activities Billable for TCM



Development (and periodic revision) of an individualized case plan

- Ensuring active participation of the eligible child
- Working with the eligible child (or the authorized decision maker) and others to develop goals related to the child's needs
- Identifying a course of action to respond to the eligible child's needs

Activities Billable for TCM



Referrals and related activities

- Scheduling appointments for the eligible child to help him/her obtain needed services
 - *Physical, dental, and vision*
 - *Mental/behavioral health*
 - *Social-emotional and developmental*
 - *Educational*
 - *Other programs or services to address identified needs and achieve the specified goals*

Activities Billable for TCM



Monitoring and follow-up activities

- Contacts and other activities necessary to ensure the case plan is implemented and addresses the eligible child's needs
 - *Ongoing assessments applicable to Section II of the PCPA*
 - *Face to face visits in which eligible child's needs are assessed/addressed*
- Can include contacts with any of the following when discussing the eligible child's needs
 - *Eligible child*
 - *Family members*
 - *Service providers*
 - *Any other entities or individuals*
- Contacts can be made as frequently as necessary

Activities Billable for TCM



Monitoring and follow-up activities

- Purpose of contacts must be specific to
 - *Services are provided in accordance with the eligible child's needs as identified in the case plan*
 - *Ensuring the services in the case plan are adequate*
- Making necessary adjustments to
 - *Eligible child's needs or status*
 - *Eligible child's case plan*
 - *Service arrangements with providers*

Documentation Guidelines



Case Plans must include the following for each eligible child:

- Name and age
- Family composition
- Current residence
- Education level or current educational setting
- Work status/employment (when applicable)

Documentation Guidelines



Case Plans must include the following for each eligible child:

- Placement history (including facility, admission and discharge date)
- Narrative history or background
- Reason for case opening/presenting concerns
- Behavioral patterns (when applicable)

Documentation Guidelines



Case Plans must include the following for each eligible child:

- Names of practitioners who are providing care/services
- Legal responsible party
- Treatment goals/primary plan of action; summary of progress/goals
- Medical & mental/behavioral health needs; current health status; immunization record

Documentation Guidelines



Case Plans must include the following for each eligible child:

- Medication list (physical and psychotropic); any diagnoses (medical and/or psychological)
- Physical, dental, vision, EPSDT, and therapy appointment dates/record
- Primary point of contact

Documentation Guidelines



Documentation in the case activity log

| REQUIREMENT | AUTOPOPULATED IN FRAME? | COMMENTS |
|-----------------------------|----------------------------|---|
| Date of Service | Y | |
| Eligible Child's Name | N | Need to indicate all eligible children within the CAL note |
| Provider of the TCM Service | Y | Must be an enrolled provider of TCM |
| Time Units | N | See example on slides 25-26. Put total # of units at the top; if more than 1 eligible child, need to assign the # of units per child within the CAL note. |

Documentation Guidelines



Documentation in the case activity log

| REQUIREMENT | AUTOPOPULATED IN FRAME? | COMMENTS |
|---|----------------------------|--|
| Nature/content of services received | N | This is your summary of what was discussed; if more than 1 eligible child, specific information for each |
| Whether goals in case plan have been achieved | N | If applicable to that specific CAL entry |
| Need for/occurrences of coordination with other case managers | N | If applicable to that specific CAL entry |

Documentation Guidelines



Documentation in the case activity log

| REQUIREMENT | AUTOPOPULATED IN FRAME? | COMMENTS |
|---|----------------------------|--|
| Timeline for obtaining needed services for the eligible child | N | If applicable to that specific CAL entry |
| Timeline for reevaluation of the case plan | N | If applicable to that specific CAL entry |
| Whether eligible child has declined services in the case plan | N | If applicable to that specific CAL entry |

Documentation Guidelines



Tips for ensuring case activity log meets requirements:

- Do the contents link to the eligible individual's case plan?
- Is the note dated, signed, and legible (if using handwritten documentation)?
- Is the name of the provider who performed the services identified?
- Are any abbreviations used standardized and consistent?

Documentation Guidelines




Tips for ensuring case activity log meets requirements:

- Does the narrative support the units of TCM claimed?
- Would someone unfamiliar with the case be able to read the note and understand exactly what has occurred in TCM?
- Is the activity documented, consistent with the intent of ND Medicaid TCM?

Documentation Example



Case Activity Log Entry

| | |
|---|--|
| *Date of Contact: | <input type="text" value="02/14/2024"/>  (mmddyyyy) |
| Time of Contact: | <input type="text" value="11:30"/> (hh:mm) <input checked="" type="radio"/> am <input type="radio"/> pm Will be shown as <i>(no time entered)</i> if left blank. |
| *Method of Contact | <input type="text" value="Telephone Call"/> |
| *Contact Type: | <input type="text" value="Worker/Parent"/> |
| *Location | <input type="text" value="Office"/> |
| *Status: | <input checked="" type="radio"/> Completed <input type="radio"/> Attempted <input type="radio"/> No Show |
| *Program | <input type="checkbox"/> Child Abuse and Neglect <input type="checkbox"/> In-Home <input checked="" type="checkbox"/> Foster Care <input type="checkbox"/> Chafee IL |
| Child Abuse & Neglect Assessment Number: | <input type="text"/> |
| Child Abuse & Neglect Report Number: | <input type="text"/> |
| Number of Units: | <input type="text" value="2"/> |
| *Worker Name: | <input type="text" value="Kari A. Gilje"/> |

Documentation Example



Case Activity Log Entry

***Comments:**

1 Percy Jackson
1 Annabeth Chase

Written by Tammy Juneau

As scheduled this worker called Sally Jackson to discuss Percy and Annabeth's upcoming appointments. Sally indicated that she was aware of the appointment dates and times, but that she would require transportation; this worker will plan to pick her along with both kids up 20 minutes prior to the appointment that is scheduled for this week. That appointment is on Friday, February 16th at 2:00 p.m. This worker reminded Sally that the school would also need to be contacted to ensure their awareness of the appt and the kids needing to leave school; Sally confirmed that she would plan to contact the school and let them know.

Though Sally is aware of this week's appointment date and time, she expressed not understanding the need for any follow-up appointments. This worker reviewed with Sally again as previously done, the concerns regarding both of the children's mental health, specifically that she has expressed and as discussed at the children's last IEP meeting. Sally acknowledged these factors, but continued to struggle understanding specifically how these appointments would help. This worker reviewed with Sally mental health and recent behavioral concerns of each child. Sally seemed to remain reluctant but was still willing for the children; to participate in the upcoming appointments.

6826 character(s) left

Next Steps



- Agency needs to be enrolled as eligible to bill TCM
 - *Link:* [Provider Enrollment Information | Health and Human Services North Dakota](#)
- Case managers need to be enrolled as eligible providers to bill TCM
 - *Same link as above*

Summary of Resources

- [Policy: Medicaid Targeted Case Management for Child Welfare](#)
- [Medicaid Provider Enrollment Information](#)
- [Medicaid Billing/Claims Training Materials and Resources](#)

Summary of Resources

CFS Training Center has a section on TCM that provides links to the policy and the information tutorial: [ND Targeted Case Management | University of North Dakota \(und.edu\)](https://www.und.edu/nd-targeted-case-management)

| | |
|--|---|
| ■ Child Welfare Workforce | ^ |
| CPS Family Services Assessment | |
| Family Centered Engagement | |
| Foster Care / Adoption Inquiry Intake Forms | |
| Foster Care Provider (education for workforce) | |
| FRAME | |
| Mutual Family Assessment | |
| ND Targeted Case Management | |
| ND Quality Assurance | |
| Substance Exposed Infants/Alternative Response | |
| Worker Resources | |

A detailed list of billable activities, client eligibility, provider qualifications, documentation requirements, and FAQs are provided within the link [ND Medicaid policy document](#) (PDF).

An informational tutorial on [Medicaid Targeted Case Management](#) is available online. It is advised to use either Chrome or Firefox. This self-guided training covers:

1. Definition of Targeted Case Management
2. Which child welfare staff are eligible
3. Which clients are eligible
4. What services are eligible
5. How to document services provided

North Dakota Targeted Case Management Contact

If, after reviewing the policy document and completing the tutorial you have additional questions, please email:

ND CFS Administrator
Diana Weber
djweber@nd.gov

Post-Meeting Information!

Following our 1-hour meeting, additional helpful information was shared in the chat. We are including it here to ensure you all receive it.

- Timely filing requirement for TCM is within 180 days from the date of service.
Link to policy: <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/timely-filing-policy.pdf>
- You can sign up for Medicaid notifications and newsletters to get alerted about these types of updates (top of page - submit your email address):
Link: <https://www.hhs.nd.gov/healthcare/medicaid/provider>



The screenshot shows a web form titled "Sign Up for our Medicaid Newsletter". Below the title is a sub-header: "To sign up for updates or to access your subscriber preferences, please enter your contact information below." The form contains a text input field labeled "Email Address" with a red asterisk to its left. Below this field is a red "Submit" button. To the right of the input field, there is a blue callout box with a white arrow pointing to the input field. The text inside the callout box says "Enter email address, then click" followed by a red "Submit" button. The entire form is enclosed in a dark blue border.