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**Department for Aging
and Disability Services**

Shawn Sullivan, Secretary
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Frequently Asked Questions

Definitions and clarifications on terminology

1. Please define "Public Institutions".
   a. p.12 slide "transition services for individuals who are inmates of public institutions" Means jail; detention centers; prison"
2. What does "timely" mean (under documentation)?
   a. In the context of how it relates to documentation, it means as soon as possible after the event/situation occurred that you are documenting.
3. Define/explain "researching". How can research or gathering of any information not be billable? How can you refer people to a resource if you don't research the options?
   a. Researching in this context, is investigating a topic, for example on a diagnoses, via the internet, or possibly going to the library. That is not billable. The physician who is treating them can give the consumer or guardian information on their diagnoses, or you could ask the MCO to send you information.
4. Define "gathering information."
   a. Requesting information from providers, family members, or other sources to help complete an assessment of the individual.
5. How defining "developing protocols"? One of the tasks that has been identified as not being a TCM component is "Writing any type of Protocol".
   "Developing protocols, on where you are telling staff how to work with consumer beyond the BSP/PCSP" meeting. For example, if you are writing instructions for someone on how to do their job that would not be a billable activity.
6. Is updating a Behavior Support Plan considered as writing protocol? If so, why would it be included in the Prior Authorization example form?
   a. Updating the BSP is not considered writing a protocol
7. What protocols are you speaking of? PRN protocol? This can be part of the BSP for a particular member.
   a. Writing any type of protocol: Medical/Seizure/"Falls"/Walking/ Range of Motion/Eating/
8. Define who is "support staff" within your agency?
   a. Receptionist, office administrative support staff, or other non-TCM's in the agency.
9. Contacts with support staff within agency? What does this mean? Please explain the non-TCM component "contacts with support staff within your agency". How is information shared if the agency is providing HCBS services in addition to TCM? (Ex….can TCM manager monitor and/or coordinate service utilization with a Day Service provider in the same agency?)
   a. Visiting or consulting other office staff as part of your agency on the case is not billable. However, if you have a PCSP/BSP/POC meeting/action, then it is billable.
10. Define "scheduling your appointments" vs "team meeting"
    a. "Scheduling appointments" is when you call and tell someone you will be coming to see them on a particular date/time. A "team meeting" is when you come together with the individual and their team to access and develop a plan.

11. Please define "POC" as one of the 4 components of TCM.
- (Response: In this venue of one of the 4 components, Plan of care development includes Develop a plan of care that: is based on the information collected through the assessment.
  – Specifies the goals and actions to address the medical, social, education, and other service needs of the individual; 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 such goals, and identify a course of action to respond to the assessed needs of the eligible individual; and
    – Includes time spent discussing service options and alternatives, needs, and preferences of the consumer, services to be provided, authorized costs, and the implementation dates.
    – Documenting all pertinent information related to tasks completed
12. "Safety precaution" education – what are you meaning?
    a. "Providing a direct service is not billable."
13. What is meant by name of the service which is referenced in documentation requirements?
    a. "Assessment; Development of a Plan of Care; Referral and Related Activities; and Monitoring and Follow-Up Activities."
14. What abbreviations are appropriate for TCM billing and for PA requests? Some examples from notes provided today are:
    TCM billing = DSW (Direct Service Worker)
    PA Requests = DS, RS, PCSP, POC, BASIS, BSP, MH, MCO, SW
    a. You would always spell out the first time and then note the abbreviation or have a chart showing the abbreviation. DSW might be Direct Service Worker or Day Service Worker. PA could be Physician Assistant or Prior Authorization Request.

Gaps Identified

1. What is the timeline in addressing and getting an answer to these GAPS?
    a. "We will try to get a response in next few weeks."
2. On what has been identified today as "gaps" – will CMS include these in TCM (billable tasks) now?
    a. "No, that is CMS' decision."

Billable Questions

1. Can you bill for assisting a client with a medical/mental health appointment to help the client and/or the medical professional understand what is going on?
    a. If you are "referring and setting up an appointment for an individual, then yes, that is billable. If you actively participate in the appointment to help assess their need and develop a plan, (i.e…team meeting) then yes, that is billable. It you go to help interpret what they are saying or talk for them, then no that isn't billable. RS/DS staff or families/guardians, could attend these appointments to relay information.
2. Will TCM's be able to bill for AIR reporting?
    a. No, this is an administrative task.
3. When a CDDO asks the TCM to provide an update for a particular individual, is that billable?
    a. It depends. If you are just providing a brief update, ie…"John returned back to his RS provider after taking off during an evening activity, so he no longer is missing. He has agreed to not take off again," is an update, but wouldn't meet the criteria in the 4 components of TCM. However, if the CDDO is wanting to discuss if this is the best placement for him, and if the CDDO needs to talk to him and/or his guardian about choices on RS placements, since he routinely runs off,

and maybe doesn't have the supportive services he may need, then possibly this could be "assessment."

4. Can TCM bill for time MCO's are doing Health Risk Assessment and asking us to attend/participate? Or some Care Coordinator's are asking us to "coordinate" the meeting – so would that be billable?
   a. As a TCM you can "refer" the individual to their MCO and participate in a team meeting to "assess" his needs or "develop a POC." The key on this – are you participating in an assessment or one of the other components of TCM, or are you there just to coordinate a date to meet, and make sure the consumer talks to them.

5. Clarification on TCM's training staff – is this billable when TCM is reviewing the POC/PCSP and BSP with new residential coordinators?
   a. If the TCM is reviewing the PCSP/POC/BSP during a team meeting, yes it is billable. The RS agency needs to have staff participating in the PCSP to understand what is in the PCSP/BSP/POC. However, if there is a new residential staff that joins the RS agency, it is up to the agency to train their new staff. All RS staff should have experience, and supervision to be able to read and follow a PCSP/BSP/POC. It is the responsibility of the RS agency to assure their staffs are trained.

6. Can TCM's bill for taking care of adaptive equipment repairs?
   a. TCM's can refer and schedule an appointment, but they cannot provide the direct service of taking the adaptive equipment in for repairs. This is usually seen as a responsibility for the RS and DS providers and family members and/or guardians who should or can assist with this.

7. Can TCM bill to fill out applications for community activities, ie…camps; college applications; annual agency consents/release of information forms?
   a. Filling out applications is considered an administrative task which is not billable. Completing releases during a PCSP, is part of assessment; developing a POC and referral.

8. Can TCM bill for calling payees to send money for personal spending?
   a. No.

9. If a TCM and Care Coordinator are present at meeting – who is billing? Meeting with MCO rep as they conduct interview on a client? Is that billable?
   a. You will need to assess the type of service you are doing, if it is one of the four allowed components, to see if you are doing a billable activity. If you are only "attending" while they complete their interview, then it isn't billable.

10. If CM from a different system and DD TCM both there – they were told they could both bill.
    a. "No, two TCMs cannot bill for the same person at the same time. The TCMs would determine the time they are spending for each component and not duplicate services.

11. If another agency sends documents they want updated before the PCSP, can we bill for this?
    a. Not sure what documents this would be? Sounds like this might be an administrative task

12. Anytime a person goes to the hospital we (TCM) have to do a critical incident report, in which we go to the hospital to determine lots of things to go in the report (why there, what happened; tests; when released; Doctor outcome; medications, etc…). Can we bill for this? It's required we do this.
    a. An assessment is required to see if supports are adequate for the individual, or could have prevented the hospitalization. Part of their well-being is monitoring. KDADS doesn't require you to go to the hospital for that inquiry. This could be done with a phone call.

13. It was stated in a meeting that it was thought that TCM's could bill for uploading information to KAMIS. Is that correct? If not, who is going to do it?
    a. No this is an administrative task

14. If the Care Coordinators calls and wants information from the TCM. Can I bill for that?
    a. Probably not. What information is being requested? If want contact information or copy of PCSP, no, it would not be billable

15. If I am connecting my client with Nursing – is that billable?
    a. Are you making a referral to a Nurse within your agency? Why wouldn't DS/RS staff connect them with the Nurse? Why does that need to go through the TCM?
16. What can TCM's do (that is billable)? Want a list of things we can bill for.
    a. Review the 4 components. If you understand the "intent" of each of those components, then you will understand what is billable. If the task fits into one of the four components it is billable.
17. Applying for food stamps is listed as not billable, yet "Accessing benefits" is on of the options on the Prior Authorization form we have been using. Please explain.
    This is an administrative or direct service task. Because something was on the chart did not make the task billable. The form noted "the service categories are not necessarily TCM services in of themselves.
    a. It is the responsibility of the TCM to ensure that TCM services provided and billed for, related to one of the categories below, meet the definition of TCM as defined in the TCM MRDD KMAP provider manual. The chart in **no way** expands the defined definition, but instead is helping the TCM capture and identify those issues a person may have that will require TCM services." That form is no longer valid.
18. Regarding things we've been told in the past by the State that are not billable but we are being told today are not (i.e…Prior Auth requests, Medicaid application). Can we be subject to a recoupment for billing these prior to today?
    a. It is possible. But the state will provide the dates that we provided training when we found issues related to billing and that this was the remediation process the state took. KDHE attended training and supported the changes.
19. Obtaining release of information forms from individuals and guardians – billable?
    a. These releases are usually done during the PCSP as part of the development of the PCSP/BSP/POC. If so, it is included in that time. Otherwise, it is an administrative function.
20. The state, DCF, contacts us for employment related services and eligibility including employee reports, we cannot bill for coordinating completion of these?
    a. Providing information in response to a question, is an administrative task. What are you coordinating, if you are answering a question?
21. Eligibility determination does this mean we cannot bill when applying for services, Medicaid, Social Security, Food Stamps, etc..?
    a. That is correct. Completing applications is an administrative task.
22. Does Transition include short term acute care for medical needs? In other words can I bill for services as basically planning for discharge which starts on admission, for a hospital stay?
    a. If you are completing an assessment for supportive service needs, or a referral to providers, then it is billable. (*If they are eligible for Medicaid and the time of the activity falls in the time period allowed for transition.)
23. Is filling out mandatory paperwork for the CDDO such as the Annual Contact - billable?
    a. No, that is an administrative function.
24. TCM Prior Authorization Request sample – If a person is in the hospital we have been told to not bill as their Medicaid dollars should be averted to the hospital case manager?
    a. Completing a TCM Prior Authorization request is not billable. It is an administrative task.
25. If Social Security sends a "review" document to TCM – can we bill to do it?
    a. No, that is an administrative task or direct service.
26. For TCM billing – how will wrap around meetings occur with foster care/mental health etc…where TCM's form different systems come together?
    a. You will need to assess the type of service you are doing, if it is one of the four allowed components. If you both will be billing, you will need to talk to them about what time you will each bill for during the meeting. Two TCMs cannot bill for the same service for the same person at the same time.

27. Our CDDO requires TCM's to schedule all BASIS meetings. Is this a billable task?
    a. Scheduling an appointment for a BASIS is not billable.
28. Our CDDO requires TCM's to complete an annual contact form for each individual in their birth month. Is this a billable task?
    a. No, this is an administrative task.
29. Is "updating client's file" billable?
    a. It depends on what you are updating. If you are documenting a billable activity, then yes, that is billable. If you are filing, no, it isn't billable.
30. If APS calls them during an APS investigation for more information on the report – is that billable?
    a. Yes, if they are seeking clarification or additional information for the report to complete the referral, it is billable.
31. What about when they need assistance to activities you link them to. Is that billable?
    a. "This depends on what you mean by "assistance" – is it one of the 4 components activities?"
32. Is referring and working on obtaining guardians billable?
    a. "Referral to guardianship program is billable. Beyond that depends on context and work/task you are doing. Are you doing work that is reflective of one of the four components?
33. Payee report billable?
    a. No
34. If we talk to the CDDO about an individual, is that billable?
    a. "Maybe, is it one of the 4 components?"
35. Touring and visiting RS providers billable? Transporting on touring facilities?
    a. Transportation is not billable as TCM
    b. Touring is not billable
36. PRTF's – does the MH and DD TCM's both bill – if they slit the time?
    a. Two TCMs can NOT bill for the same consumer at the same time. Each would bill for the component they are completing and do not duplicate.
37. Who do we turn billing into – KMAP or MCO's?
    a. Prior to January 1, 2014, it is billed via current procedures. After January 1st, you will bill through the MCO portal or KMAP.
38. Will there be training for our billing staff so they know how to do it?
    a. Yes
39. What is the context that we can bill for IEP meetings?
    a. If you are participating in the assessment and need for service and development of the POC.
40. Why would attending an IEP not be "access to educational services"? Or explanation of DD service/funding options.
    a. Providing information to other parties on available DD services is not considered a TCM billable task.
41. TCM can't bill to go to IEP to ensure child receives the needed services?
    a. "TCM does not develop an IEP." If you are participating in the assessment and need for service and development of the POC
42. Can I bill for an IEP if it is part of my developing a PCSP?
    a. Yes
43. Scheduling appointments with family okay?
    a. Not billable
44. When a TCM is updating a psychotropic medication plan – when this can or can't be billed.
        If you are updating the psychotropic medication plan as part of the BSP, then it is billable.
45. If CM from a different system and DD TCM both there – they were told they could both bill.
    a. Case managers cannot bill for the same individual at the same time. This would be duplication. Each TCM should bill only for the task they completed and should not be completing the same task at the same time.

46. We were told it was okay to bill when they do PA requests
    a. "It is not billable." This is an administrative task.
47. Did I understand correctly that we are not able to bill for meeting with res/day providers/staff to discuss our consumers?
    a. No you did not understand correctly. If you are monitoring services, then it is billable. What isn't billable is to train the staff on how to implement the plan. RS/DS providers are to train their own staff. The PCSP meeting is when RS/DS staff participate to help understand what the plan is saying and is needed, which those meetings are billable.
48. Is updating a client's medication log which is part of his/her file, a billable activity for case management? I know we discussed on Monday that updating the MAR is not billable, just wondered if it was the same for medication logs.
    a. TCM's would not update a MAR as they do not distribute medications. If the TCM is updating the PCSP, including the medications they are taking, then that is billable.
49. Researching med equipment and communication devices?
    a. "Searching for a service is okay. Researching a diagnoses – no, it isn't billable."
50. If guardian or CDDO calls about a case and how someone is doing – is that billable?
    a. "Depends on the conversation." Which component?
51. Reviewing medications?
    a. "If it is part of the PCSP or BSP".
52. Attending BASIS meetings – billable?
    a. "No, if you are only attending – but if you are doing completing one of the 4 components through participating, then yes."
53. On APS case situations – if TCM calls in to make report, we understand that is billable, however, the APS worker generally calls us back and asks more questions about the report we made and on the consumer. Is that time billable?
    a. Yes
54. Why is it okay to tell person via phone something or by letter – but "can't" do it by voice mail? And, is e-mail okay since it is an electronic letter?
    a. Information via voice mail is not billable.
    b. Email communication is acceptable.

Medicaid Application questions

1. If we review the Medicaid application after the individual completes it, to make sure it has everything, would that be billable?
    a. No, it isn't "assessing; developing a POC; referral & related activities; or Monitoring and follow-up activities."
2. Changes in EES: We were told that a packet will be mailed in to the state, so the DCF staff will not be available to help consumers. Is there anyone in DCF that will help with their applications?
    a. In checking with DCF there have been no directives on not assisting an applicant with filling out applications.
3. If parents call with questions about how to fill out Medicaid application and we give guidance, but don't fill out for them – is it billable?
    a. No, it isn't "assessing; developing a POC; referral & related activities; or Monitoring and follow-up activities."
4. Is it billable if one "*assists*" with Medicaid application, etc….if they do it themselves but call TCM with questions?
    a. No, it is an administrative task.
5. Completion of Medicaid application by TCM's as non-billable is a problem when:
    - the guardian is illiterate;
    - the guardian doesn't read English; or

- the guardian can't access electronic?
    a. We understand
6. Medicaid application form is "referring them to get supports" or is also "accessing services." The TCM is helping the individual not the family. Why is this not billable?
    a. No, it isn't "assessing; developing a POC; referral & related activities; or Monitoring and follow-up activities." It is considered an administrative task and there are other resources to assist with the application.

Mental health questions

1. What if Mental Health CM and DD TCM are working on a person's PCSP unbeknownst to each other. And billing for this, unbeknownst to each other.
    a. There is no requirement for each provider to check with each other before they can bill. If you are working independently on a billable activity, then you may bill for it. The documentation would explain the activity and that both providers are not working "with" the individual at the same time.
2. A Mental Health appointment where information on mental health supports that need to be included in the support plan to address behavior needs and the behavior plan component is then updated, this is not billable?
    a. If this appointment is a team meeting and part of the PCSP/BSP/POC development, then it can be billable.
3. If a person has a DD TCM and a MH TCM which TCM bills for a team meeting? (Can time be split between the TCM's?)
    a. Yes, time can be split, according to participation and billable activity being completed. Just a meeting is not billable the task must fall into one of the four components of TCM.
4. Can the DD TCM bill for PCSP development when the MH TCM is not present?
    a. I'm not sure I understand the questions, but yes, a DD TCM can bill when developing a PCSP (MH TCM isn't a requirement for a PCSP).
5. MH requested TCM's (and TCM's agency agreed) to help set up appointments at MH (like for med reviews). While there they get feedback on meds, side effects, is it making a difference, know if need to change med or plan. Information helps determine if need to change BMP.
    a. If this is not a "referral" – only to schedule a regular med review appointment, then the health care "lead," noted in the PCSP, would attend these appointments. Usually this would be the RS/DS providers or family/guardian, not the TCM.
6. Where does MH put their administrative tasks under to be paid?
    a. We don't have knowledge of MH billing
7. Can TCM attend medication review meetings with the consumer and psychiatrist to provide information?
    a. The TCM can attend but No to billing. Day and Residential staff or families/guardians ("lead" who is identified for their health care, in their PCSP) would attend and share information with the TCM.
8. Can TCM attend initial therapy visit to provide information?
    a. Yes, if this is part of the "Referral" component, to help with the referral process.
9. When in with consumer at a counseling appointment and discussing behaviors with counselor. Why can't it be billable if you are discussing per the PCSP/BSP?
    a. If this appointment is a team meeting and part of the PCSP/BSP/POC development, then it can be billable.

Non-billable Service Questions

1. Has the "Encounter Model" been considered?
    a. If you are referring to billing, Kansas had the encounter method and we were required to change per CMS
2. Is PCSP under POC/support planning or assessment?
    a. The PCSP would normally be under "assessment." To prepare for the PCSP you are taking a history, identifying needs, gathering information prior and during a PCSP meeting. You are assessing the needs, developing the PCSP/BSP and documenting it.
    b. The POC – involves developing a POC from information you gathered or assessed, identifying goals & actions, actively involve the individual & others to determine a course action and discussing the service options, other pertinent information and authorizing costs and implementation dates.
3. I was always told that coordinating and assisting individuals with their food stamp, Soc Sec app's and Medicaid reviews was a "continuity of service" – and it is accessing services. Couldn't this service be interpreted as accessing services for continuity of care services – OR – if "assist" – aren't you "securing" service?
    a. It is an administrative task or direct service, which is not billable.
4. Are you looking at increasing units?
    a. No, not at this time
5. How will Quality Assurance be conducted – via the MCO – CDDO – or QMS? Will there be a process for children & adults? Will there be QA reviews for persons without HCBS-DD funding?
    a. KDADS will continue to provide a quality assurance component for I/DD services and their providers, including the MCO's.
6. Isn't the AIR a duplication of the Critical Incident report required by the CDDO?
    a. KDADS requires the AIR. If your affiliate agreement requires a reporting system, then, yes, it may be duplicative
7. How can a TCM perform these required tasks when it is a non-billable activity….i.e…to "share" information or duplicate the report?
    a. The agency/TCM can perform any activity their agency wants to in order to support the individuals they serve. However, the only activities that can be billed by the TCM is for one of the 4 components allowed.
8. How large will be residential settings? (8 individuals more or less?)
    a. 8 individuals or less ***state KSA that says this
9. The State wants to promote employment, but what about promoting living outside congregate settings so there is a reason to work and earn?
    a. The state has always been supportive of individuals living in their own home, including, non-congregate living settings.
10. What if person doesn't wish to work? Do you recognize that some people don't want to work? Are you respecting that? Pushing work could be very "un-person centered".'
    a. Part of DD services is to assist individuals to be productive and involved. We recognize that a traditional work setting may not be desirable for all. Encouraging independence and self-sufficiency and being productive is a goal to encourage.
11. How do you know some people with severe disabilities (can't talk, write, etc…) want to work? If I had my way, I would not work – I would do other activities instead.
    a. Part of the DD services is to assist individuals to be productive and involved. We recognize that a traditional work setting may not be desirable for all. Encouraging independence and self - sufficiency and being productive is a goal to encourage.

12. How does the State propose to address the issue of how a person is "involved in planning to the fullest extent" when the guardian makes decisions that run counter to what the person clearly wants?
    a. Encouraging individuals to have a voice in their PCSP is required. If a guardian is not acting in the best interest of the individual, then refer to the guardianship program or the court.
13. In the Power Point slide on "Participants are Safe" there was a statement about "is there evidence that participants are asked monthly about critical incidents". Does this mean follow up on reported CI's or asking if there were any CI?
    a. Best practice to ask individuals about any incident. This would be part of a monitoring visit. There is not a requirement at this time to ask monthly
14. What assistance can we provide for people who have no service funding (i.e…waiting list) – there is no one to take the shower bench to them – there is no one or service to assist the person?
    a. You are not required to do this. As an agency, you may want to learn about or develop community resources for these type of direct service activities (i.e…Churches; volunteer or service groups, etc…)
15. Children/youth – TCM for them? Seems to only focus on Adult IEP meetings, DCF issues, Life Plan, accessing Supports in Community & School.
    a. Yes, TCM is available to children/youth
16. Would psychotropic medication appointment be considered monitoring if discussing progress toward goal in Positive Behavior Support Plan (if medication is part of plan – PCSP/BMP)?
    a. Usually, the health care "lead," noted in the PCSP, would attend these appointments and report back to the individual's team of what is learned. The "health care lead" usually this would be the RS/DS providers or family/guardian, not the TCM
17. If the TCM agency also provides DS & RS services – how can you not have contact with support staff within that agency?
    a. You can have contact if it is in the context of a team meeting with the individual to discuss their PCSP/BSP/POC.
18. How does "no direction on safety/precautions" apply to people with TCM only?
    a. The TCM develops the PCSP, which includes noting the understanding and ability of safety concerns. It is not the task of TCM's to train individuals on safety precautions. The individual probably has some family or other community supports that could assist them
19. How do we justify getting things taken care of (when it isn't a billable activity) when the RS/DS providers aren't doing it?
    a. That is the decision of you and your agency. If the RS/DS agencies are not doing what they are responsible for, please alert the QMS who licenses them. Our website for assigned QMS' per county can be located at: http://www.kdads.ks.gov/CSP/QMS_Specialist_Map.html
20. How can they "access" needed services and reach goals for independent living if TCM doesn't help with section 8 housing when consumer can't read, write and sometimes see? (This is example for when no guardian, family, or other providers – TCM only service.)
    a. This service provides assistance, acquisition, retention, and/or improvement in skills related to activities of daily living, such as, personal grooming and cleanliness, bed making and household chores, food preparation, and the social and adaptive skills necessary to enable the beneficiary to reside in a non-institutional setting.
21. Explain what are RS responsibilities in what they can do on some of these gaps
    a. Residential Supports for children also must:
    • Cooperate with case management, the school district, and any consultants in designing and implementing specialized training procedures
    • Actively participate in individualized education plan (IEP) development and the public school education program
    • Be located in or near the community where the child's family lives

22. Assessment: If they do not have KS Medicaid but have requested you to help them to get disability. KS Medicaid, HCBS, Can we go back & retro billing if/when they get Medicaid, etc….?
    a. No

Units questions

1. Comment about 240 units being sufficient with MCO Care Coordinator but Pilot participants are finding it takes more units with MCO's involved. Can or will units be increased in the future?
    a. At this time the units will stay status quo
2. Will there be a procedure for transfers of units to a different TCM provider?
    a. A policy will be developed where when a case is being transferred to another TCM, they will need to report how many units they have used or are remaining available to the new TCM.
3. How do we find out how many units are available for person coming in to our services – foster care, previous provider, etc….?
    a. The previous TCM should provide that information. If you are unable to get the information contact the state.
4. Supervisors don't know how many units each consumer has left. Is there a way for them to help monitor this or learn of what is left?
    a. You will be able to see what has been requested on the TCM PA web application.
5. The Prior Authorization approval – what is needed to bill – any code for the approval of "X" unit of units.
    a. Not sure we understand the question.
6. What happens if you request additional units and you use them, but the number of units varies in a service category, such as: requesting 10 hours for assessment and 5 hours for monitoring but the hours flipped?
    a. We are looking at total units/hours vs by component. However, we would anticipate the request would be very close to what was estimated for each component.
7. As a supervisor of TCM's – using the Web apps for Prior Authorizations. How can I access them requests to also know what is being requested or approved.
    a. You can print it or review in the web application.

Administrative Questions

1. What are administrative activities in regards to IEP's/Special Ed/Foster Care, etc….?
    a. A couple of examples would be to making an appointment or listening and taking notes.

Documentation Questions

1. The KMAP manual for TCM that we currently use does not indicate that the TCM must initial each case log entry. Can you direct us to where we find this requirement? Today's Power Point presentation states that each entry must be initialed. Which is correct?
    a. This actually is not a KMAP mandate, but rather a KDADS policy. See policy memo dated 10/01/13
2. Clarification on "timely" under documentation of TCM case notes/billings?
    a. In the context of how it relates to documentation, it means as soon as possible after the event/situation occurred that you are documenting. Although a specific amount of time is not mandated best practice is at the time or immediately after.
3. For documentation – Can each encounter be initialed on computer (typed initials) or does it need to be handwritten by each entry?
    a. Yes, typed initials is fine

4. If all entries are on single page, can page be signed once, or per entry?
   a. Only one signature is needed at the bottom of the page if it is all one entry.
5. With the new PA system, can it be saved (without submitting at that time) if you need to stop while entering it, until you can get back to it?
   a. Yes, you can stop and it will be viewed as "work in progress," and you can resume working on it later. It won't be processed until you submit it for approval.
6. Clarify what can be abbreviated in documentation.
   a. If you plan to abbreviate, best practice is to first write out the wording followed by the acronym in parenthesis. After the initial spelled out wording and acronym, it would be fine to use those abbreviated acronym in the remainder of the document
7. Does "documenting pertinent information related to tasks completed" mean writing the case note?
   a. Case notes is where you document some of the activity, and "documenting pertinent information" is more on what is documented., for example, met with individual's team for a PCSP meeting, noting who was present and decisions made, etc…
8. Some case note systems are online – some agencies are totally online – no books no papers. I am wondering about signatures online as our case note system in online. Do all case notes needs to be printed out and signed? And kept in books. Each entry with initials each page signed at bottom?
   a. While on-line they don't have to be "signed" – as you will have your initials following each log note. Once printed, each page needs to be signed. If there is a quality review or other file review, the notes on-line will need to be printed and signed and added to the paper file OR provide reviewers access to your on-line notes.
9. Does individual name have to be noted in each entry?
   a. Yes, the individual's name being served must be on each entry.

Components of TCM questions

1. Isn't it "monitoring and follow up" to meet with your client's support team to get updates on clients?
   a. Yes, if you are consulting with the team on how services are going, it would be monitoring & follow up, or possibly assessment, depending on the conversation.

MCO questions

1. Do TCM's need releases with MCO's?
   a. No
2. When do we include care coordinator in meetings and such?
   a. As soon as the consumer and/or their guardian is willing.
3. What will MCO's role be for individuals who do not have waivered services?
   a. They will manage their Medicaid services, if they have Medicaid and no waivered services.
4. It seems that the "crack down" on TCM is timely for the implementation of MCO's. For what we can't bill - who will pick that up?
   a. This training had nothing to do with KanCare and the rules have been in place since 2008 and the state was notified again in 2011. We wanted to make sure all TCMs understood the rules.
5. Can Care Coordination and TCM work happen at the same time?
   a. Yes
6. How can we find out which MCO is assigned to our individuals?
   a. KMAP
7. If MCO Care Coordinator and TCM meet – who bills?
   a. The TCM bills for TCM components

New process on uploading files

1. When will we start having to upload file information and what files are to be uploaded? And, when it will be required (as needed basis or requested or where the current forms are always uploaded)?
   a. You can be uploading now. POC, PCSP, BSP, IEP if available.
2. Uploading files – is this billable?
   a. No

Jail/Incarceration/State Hospital Transition Questions

1. Please explain activities of transition which are TCM? One slide says not TCM and another slide gives parameters for providing it. Who will do it if not the TCM?
   a. It depends on what the situation is. Assisting one with services moving from hospital to home would be billable. Utilizing MFP to move someone from institutional setting to community would be. If you have a specific situation please contact us for guidance.
2. Transition timeline dates are different than what KMAP says. Transition back – CMS is providing guidance on this piece and we will let you know. (180 days transition services vs TCM. Difference when talking about "transitioning from" – see page 3 of Informational memo in training and KMAP 8.5 under limitations.
   a. We are waiting guidelines on transitional services. Current Policy is in the IM
3. Talking to persons at hospital getting updates (when discharging, medications they will need, etc…). Development of POC?
   a. Developing POC upon discharge would be. Visiting the person in the hospital would not be. Review components for other activities.
4. Meeting with Parole or Probation Officers?
   a. Not billable
5. An individual was arrested and in jail. We couldn't get him out until we found a new placement
   a. If they don't have Medicaid – you can't bill under TCM

Miscellaneous Questions

1. Will National Core Indicators take the place of the KLO? NCI – anonymous? Takes the place of KLO? How does that work for license review, follow up by QMS with provider? Etc..
   a. Yes, we hope to replace the KLO, but at this time a few of the questions may still need to be asked. QMS' will still need to review agencies and their files for licensing, it just may not be at the same time they are doing the NCI or KLO
2. Does HealthWave exist? If so, is TCM a reimbursable activity?
   a. Health Wave is under KanCare
3. Does the State of Kansas REALLY care about the consumers?
   a. Yes. The state wants to assure individuals receive quality of care and services. The state also assures compliance with statutes, regulations and policies.
4. If an activity is non billable, why should case managers do it? (i.e.. critical incident reports and AIR reporting)
   a. Some activities are just part of doing business. Not everything done in our jobs is "billable."
5. Can you give some real life examples of each of the 4 components of TCM meaning Assessment; Development of POC; Referral & Related; and Monitoring and follow up?
   a. Assessment: PCSP (gathering/developing)
   b. Development of POC: Develop current POC where it outlines services, and authorizes time, etc…
   c. Referral & Related: refer/connects to community & supported services

d. Monitoring & Follow up: Consulting with providers & consumer on how things are going

6. Is agency TCM staff required to attend all state required trainings? (Med Admin; CPR/First Aide, etc…)
   a. Medication Administration is not required, since TCM's do not administer medications.

7. Explain more fully what is meant by providing evidence that participants are "asked monthly about critical incidents".
   a. Evidence is documentation and there is not a requirement for monthly checking but is best practice.

8. Is the website going to be easier to navigate to find information, forms, etc….?
   a. Many have found it easy to navigate, however, if you have problems, you will find the Helpdesk staff very helpful

9. Will a release of information be needed by each individual prior to uploading information to KAMIS?
   a. No

10. I have a new TCM beginning employment at (_____) on 10/28/13. My question is as her supervisor, do I still have her read through the I/DD TCM training manual and complete the assessment? Or does she need to wait for this to be updated? If so, will she not have the same completion deadline of within the first 90 days of employment?
    a. The person can do the training and you would want to provide the person with the IM and any new information.

11. SRS/DCF/KDADS – has added expectations to the TCM's – with their assumption it was billable. Please clarify what tasks and new expectations are still expected *and* needed and then if so, are they billable or not. (i.e..reports, etc….)
    a. Please specify which reports or task

12. How do we get RS/DS providers to understand the need to train their own staff?
    a. If they do not you can notify the state QMS staff.

13. QMS told TCM they "dinged them" for not outlining the steps of how to train staff (by developing a protocol) for the RS/DS staff. QMS' or CDDO's require us TCM's to have data sheets attached to PCSP – or they will be "dinged".
    a. QMS' are on board with these changes. If you find this occurs again, please let us know.

14. Does all these TCM topics relate to children as well as the adults we have talked about?
    a. Yes

15. Clarify who does assist individuals who don't have family/guardians; no providers, who have strong limitations – but has not been appointed a guardian
    a. TCM is not an "all inclusive" service. The funding limits what a TCM can do, so additional needs/tasks cannot be billed for, however, the agency can continue to do them without billing, or try to develop or connect with other community resources that may be able to help.

16. Use same terminology and definitions – and share those with everyone so there is consistency and clear understanding
    a. We have noted some terminology at the beginning of this document. We'll work with MCO's on their terminology and try to incorporate this in the policy manual revisions in the future.

PA Form and Process

1. Will the boxes expand to what is needed?
   a. Yes

2. What are some examples to use in box under #4 question?
   a. Examples such as:
   b. …there was a revocation and we had an unexpected move to occur;
   c. …transferred from another provider with very few hours; …..

3. How will we know it is approved? (The PA unit requests.) And, how will they know if state approver has a question or is not approving the PA?
    a. It will show up in the system as either approved or denied. You will have access to view and see status.
4. How will we know if it is approved?
    a. You will have a work list and you can look at it to check."
5. If the worker is not available – will the supervisor have access to see their entry's?
    a. Viewing access is for the agency, not just the TCM – so supervisors will also be able to view entries
6. Will we still get a letter authorizing the units?
    a. Yes
7. Will the Web Portal access be assigned to an agency & staff – and then they will have access to all reports under the agency? Yes or no – and if yes – HIPPA concerns?
    a. It will be assigned to an agency.
8. If re-applying for PA – do we have to wait until 10/14?
    a. Yes, we want you to enter it on the new system.
9. How do we get RS/DS providers to understand they train their own staff
    a. You can reinforce it in the PCSP meetings that it will be their responsibility to carry out certain parts of the PCSP
10. QMS told TCM they "dinged them" for not outlining the steps of how to train staff (by developing a protocol) for the RS/DS staff
    a. QMS has findings, and their roles have been reviewed so this shouldn't be an issue in the future
11. QMS' or CDDO's require us TCM's to have data sheets attached to PCSP – or they will be "dinged".
    a. QMS' will be looking for how agencies comply with Licensing standards
12. Only 1 PA in a year?
    a. "Yes, but with some few exceptions, ie…agency closed."

Deciding if it is a billable action – if you answer "yes" to the below – and if the purpose or intent of the action - it is *probably* billable. The TCM is responsible to assure they are only billing for TCM components.

<u>**Assessment**</u>**:**
- Are you doing an activity or action to assess the service needs?
- Are you taking a consumer's history?
- Are you identifying needs?
- Are you completing the PCSP or BSP?
- Are you gathering information from other sources to complete the assessment; or
- Are you documenting the assessment information?

<u>**Development of POC**</u>**:**
- Are you developing a POC from information gathered or assessed?
- Are you specifying the goals & actions to address the medical, social, education, and other service needs of the individual?
- Are you doing activity such as ensuring the active participation of the individual & working with them or the authorized health care decision maker & others to identify a course of action to respond to the assessed needs of the eligible individual?
- Are you discussing service options and alternatives, needs, and preferences of the consumer, authorized costs, & implementation dates?
- Are you documenting pertinent information related to tasks completed?

Referral & Related Activities:

- Are you helping an individual obtain needed services?
- Are you helping link the individual with medical, social, or educational providers?
- Are you performing activities that help link the individual with other programs & services that are capable of providing needed services?
- Are you making referrals to providers for needed services?
- Are you scheduling appointments for the individual?
- Are you expanding service providers by encouraging informal supports and formal service providers to be more flexible & also seeking new or non-traditional resources & services?
- Are you making a report to APS, and responding to the APS SW for additional or clarifying information on the APS report you made?

Monitoring & Follow-Up activities:

- Are you performing an activity to ensure the care plan is implemented?
- Are you checking to see if the services are being furnished in accordance with the individual's plan of care?
- Are you seeing if services in the PCSP/POC are adequate?
- Are you seeing if changes in the needs or status of the individual's PCSP/POC is needed?
- Are you monitoring identifying changes in the needs and status of the individual?
- Are you making necessary adjustments in the PCSP/POC?

Are you documenting all pertinent information