

Shawn Sullivan, Secretary

Sam Brownback, Governor

Gina Meier-Hummel, Commissioner

**To:** Targeted Case Managers  
**From:** Susan Fout, Quality Assurance Program Manager  
**CC:** Aquila Jordan, Director; Gina Meier-Hummel, Commissioner; Shawn Sullivan, Secretary  
**Date:** October 1, 2013  
**Re:** Targeted Case Management Activities

Targeted Case Management (TCM) services are services that assist individuals eligible under the HCBS Programs in gaining access to needed medical, social, educational, and other services. These services may be provided during a transitional phase from institutional care with the exception of transition from incarceration. Additionally, TCM services do not include the provision of direct services (medical, educational, or social) to which the Medicaid eligible individual is referred.

This memo is designed to assist Targeted Case Managers (TCM) and Targeted Case Management agencies with understanding billable and non-billable activities. Please use this Informational Memorandum (IM) as guidance until the TCM Manual is updated with the appropriate policies and procedures. This IM is available online at [kdads.ks.gov](http://www.kdads.ks.gov) [http://www.kdads.ks.gov/CSP/IDD/IDD\\_Index.html](http://www.kdads.ks.gov/CSP/IDD/IDD_Index.html)

The "Request for Prior Authorization for Additional Units Form and Provider Transition Form" has also been updated and will be available online at [http://www.kdads.ks.gov/CSP/IDD/IDD\\_Index.html](http://www.kdads.ks.gov/CSP/IDD/IDD_Index.html)

This form replaces all previous versions and should be used effective immediately.

**Reminder of required documentation for Billing:**

42 U.S.C. § 441.18(a)(7) requires providers to maintain case records that document for all individuals receiving case management. Providers of TCM services are required to maintain individual case records that indicate all contacts with and on behalf of customers. These case records shall include the following information and shall be available for review by state and federal agencies:

1. The first and last name of the individual receiving the service;
2. The date the service was provided (mm/dd/yy);
3. The name of the provider agency;
4. The name of the case manager providing the service;
5. The location of the service provided;
6. The component of case management service provided.
7. The amount of time provided per customer; (*Time should be totaled by actual minutes/hours worked.*)
8. The individual providing the TCM services must initial each case log entry
9. Sign each page of the case log.

## Targeted Case Management

The primary intent of a Targeted Case Management Service should always be related in some manner to the development, implementation, amendment, coordination and/ or monitoring of a service plan. The Centers for Medicaid and Medicare Services issued guidance to states in 2008 and finalized the rule in 2011 that limits billable activities for targeted case management into one of the four categories listed below. Please review your activities and ensure that they relate to the plan of care (services provided to the individual) and fall into one of the four components of targeted case management.

### 1. Assessment

- Assess an eligible individual to determine service needs, including:
  - Taking customer history;
  - Identifying the individual's needs and completing the assessment instrument and related documentation; and
  - Gathering information, if necessary, from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the individual.
- Documenting all pertinent information related to tasks completed.

### 2. Development of a Plan of Care (POC)

- 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 customer, services to be provided, authorized costs, and the implementation dates.
- Documenting all pertinent information related to tasks completed.

### 3. Referral and Related Activities

- Help an individual obtain needed services, including:
  - Activities that help link the individual with medical, social, or educational providers; or
  - Activities that help link the individual with other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual, including but not limited to: reporting to Adult Protective Services and/or law enforcement any suspected abuse, neglect, or exploitation of the individual, or assisting the individual with acquiring needed supplies in an emergency when informal or formal supports are not available. This means assisting to acquire, not providing a direct service.
- Expanding the service options available by encouraging the informal supports and formal service providers to be more flexible, and also seeking new or non-traditional resources and services.
- Promoting the enrollment of new providers on behalf of individuals.
- Documenting all pertinent information related to tasks completed.

- The case management referral activity is completed once the referral and linkage has been made. It does not include the direct services, program, or activity to which the individual is linked.

#### 4. Monitoring and Follow-up Activities

- Activities and contacts that are:
  - necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities; and
  - conducted to determine whether:
    - services are being furnished in accordance with the individual's plan of care;
    - the services in the care plan are adequate; and
    - there are changes in the needs or status of the individual, and
    - if so, making necessary adjustments in the care plan and service arrangements with the providers.
  - Ensuring public and private resources are used efficiently to meet the health and welfare needs of the individual as set forth in the POC.
  - Monitoring includes identifying changes in the needs and status of the individual, monitoring and follow-ups include making necessary adjustments in the care plan and service arrangements with providers.
  - Documenting all pertinent information related to the tasks completed.

#### Transition Services

- TCM is defined in 42 U.S.C. § 440.169(b) and does not include transition services. Transition services, therefore, are limited pending a review of CMS guidance related to this service. Services provided when someone is transition from a significant period of time in a hospital, nursing facility or intermediate care facility, the service should be limited to assistance locating services (referrals) and facilitating the process of transitioning individuals from institutional care to community services
- TCM services are available when transitioning an individual from a significant period of time in a hospital, nursing facility, psychiatric residential treatment facility (PRTF) (Social Security Act § 1905(a)(16)) or intermediate care facility, but not those who are incarcerated or transitioning from an IMD
  - Transition services can begin during the last 60 consecutive days (or shorter period specified by the State) of a covered, long-term, institutional stay that is 180 consecutive days or longer in duration.
  - For covered, short-term, institutional stay of less than 180 consecutive days, individuals may be considered to be transitioning to the community during the last 14 days before discharge
  - Payment would not be available until after the person leaves the institution, has been assigned with the case management provider, and is receiving medically necessary services in a community setting.

## Tasks that are not components of Targeted Case Management (not billable activities)

Generally, a Targeted Case Manager may not provide primary care case management such as location, coordination, and monitoring of primary health care services. (42 U.S.C. § 440.168). Provision of targeted case management is set forth in § 441.18(c)(2) – (c)(5), which include limitations authorized by the Disability Reform Act (DRA) on the case management benefit.

42 U.S.C. §441.18(c) includes statutory principle set forth at section 1915(g)(2)(A)(iii) of the Social Security Act “providing that the case management benefit does not include services that involve the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred.” The statutory definition of case management established by the DRA draws a distinction between services that assist an individual in accessing needed services and the actual services to which access is gained. For example, a case manager who provides direct service, such as counseling, during the course of a case management visit, the direct service cannot be reimbursed as part of the case management service.

### Case Management **DOES NOT** include:

- Direct Service, including but not limited to,
  - Providing transportation to the service for which the individual is referred
  - Escorting the individual to a service or other activity
  - Providing child care so that an individual may have access to a service
  - Picking up medications from the pharmacy, shopping or running other errands
  - Disease prevention education
  - Medical monitoring such as updating MARS
  - Medication management such as administering medications or medication reminders
  - Instructions on health self-management
  - Directing service of others
  - Counseling for mental health or other issues
- Transition Services:
  - For individuals moving from an institution for mental diseases (IMD)
  - For individuals who are inmates of public institutions
  - Integrated medical direction and management of services furnished to inpatients in a medical institution
- Administrative activities (i.e. providing copies of paperwork; consultation, team reviews, completing applications etc.) integral to other non-medical programs and fundamentally non-Medicaid entities such as
  - Foster Care Program
  - Parole and Probation
  - Public Guardianship
  - Special Education
  - Development of IEP or IFSP
  - Child Welfare and Protective Services
  - Adult Protective Services
- Legal Representation
  - Representation or appearance at an appeal, dispute resolution, or in court for legal matters
  - Preparation or response to a State Fair Hearing or other legal proceeding
  - Attendance at court proceedings

- Serving legal papers
- Requesting time or units for
  - Submitting a Prior Authorization request for additional TCM Units.
  - TCM travel time.
  - Paid time off (vacation, sick leave, etc.).
  - Leaving a voice mail message for the member or collateral third party
  - Services provided by more than one case manager to the same member at the same time (duplication when a member transfers to another TCM)
  - Staff meetings, trainings and supervision.
  - Spent in case review for Quality Assurance purposes.
  - Contacts with support staff within your agency
  - Scheduling case manager's appointments.
  - Bill submission and collection activities.
  - Filing documents in the individual's file
  - Eligibility Determination
- Other Activities
  - Attendance at case management trainings.
  - Providing transportation for an individual to medical, dental or therapy appointments
  - Writing any type of protocol.
  - Research or research gathering of any kind.
  - Performing activities of a payee
  - Performing activities of a guardian or power of attorney

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**EXAMPLE**

- Services integral to the administration of foster care programs
  - Assessing adoption placements.
  - Recruiting or interviewing potential foster care parents.
  - Home investigations or investigations of abuse, neglect or exploitation
  - Administering foster care subsidies.
  - Making placement arrangements for children in foster care system.

**Review of the role and definitions of targeted case management will be completed over the next few months and recommended changes will include an update of the Targeted Case Management Manual. Following this informational memorandum will assist you in submitting your requests for Prior Authorization for additional units and ensuring adherence to State guidance. Evidence of improper billing may result in recoupment.**

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