

Ahca Approved Targeted Case Management QUIZ

FULL LEGAL NAME:

1. What does AHCA stand for?
2. Who does AHCA supervise?
3. How many clients can an Adult TCM have?
4. How many clients can a Child TCM have?
5. What forms should be signed at the 1st home visit?
6. What does HIPPA protect?
7. What diagnosis will you possibly deal with regarding your clients?
Name 3.
8. How many days do you have to take the AHCA person to person class once you start your job AND how many months do you have to take it once you are hired?

9. How many days do you have to get the Assessment and Service Plan when opening the case.

10. What are two main goals you should identify and put on a Service Plan?

11. Can you bill for a client in a hospital or jail?

12. Can you bill for meeting with your supervisor?

13. What are considered administrative functions and are they billable?

14. How often do you update the Service Plan?

15. Are you allowed to transport clients?

16. Are you paid for traveling to see your client? (refer to page 2-12)

17. What is the TCMs job...use abbreviation "CLAMP"....

18. What is Appendix J? why do you need it?

19. What is Appendix I? why do you need it?

20. Can a client have two TCMs? What is the exception to this rule?



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 25, 2014

Annemarie Mahany
Clinical Connections LLC
250 Wilshire BLVD., Suite 136
Casselberry, FL 32730

Re: TCM Training Curriculum

Dear Mahany,

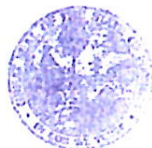
The Agency for Health Care Administration (Agency) has approved the targeted case management training curriculum for *Clinical Connections*. The Agency has determined that it meets all of the requirements identified in the *Mental Health Targeted Case Management Handbook*.

Sincerely,

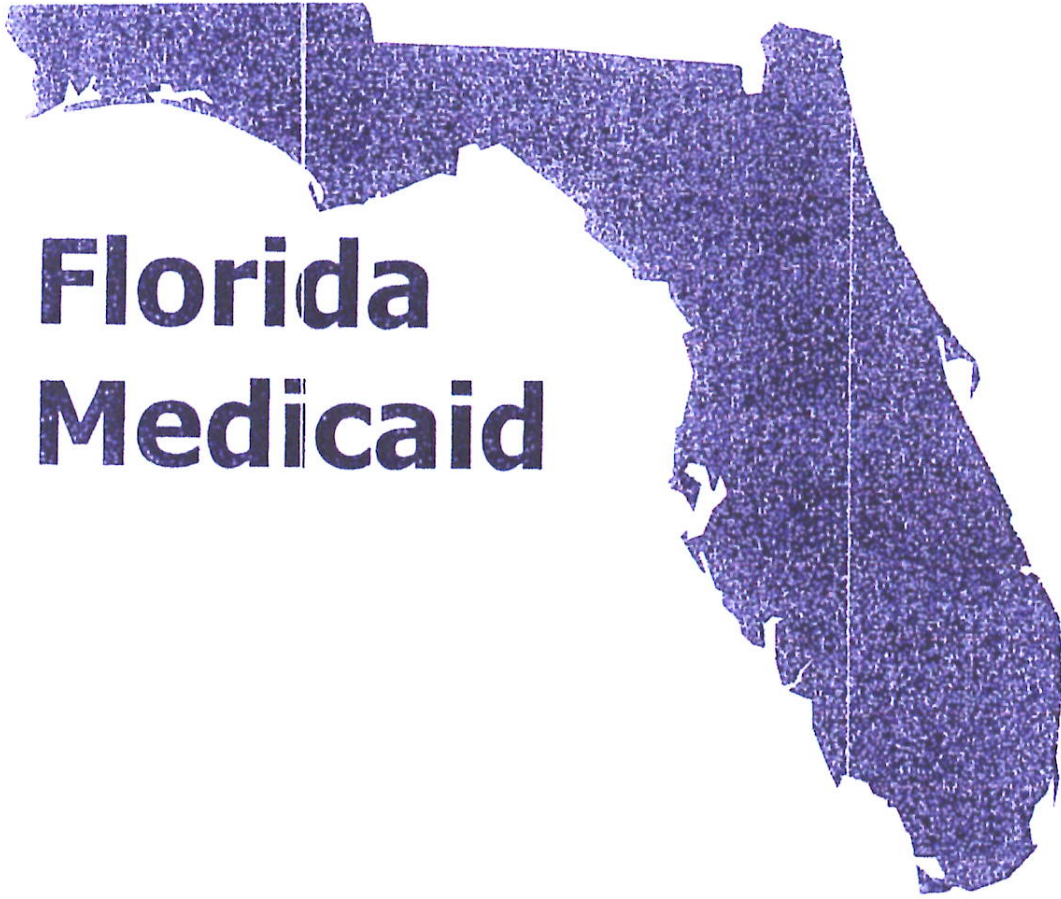
LaKera Reddick, MS
Behavioral Health Care Program Analyst
Bureau of Medicaid Services

I am APPROVED

BY AHCA TO TEACH THIS CLASS!



Florida Medicaid



Mental Health Targeted Case Management Handbook

Agency for Health Care Administration

AHCA

*THIS STANDS
FOR →*

**FLORIDA
MEDICAID** 

Purpose, Description and Definitions, continued

Medicaid Provider Handbooks

This handbook is intended for use by mental health targeted case management providers who are enrolled in the Medicaid program. It must be used in conjunction with the Florida Medicaid Reimbursement Handbook, Non-Institutional 081, which specifies procedures for submitting claims for payment, and the Florida Medicaid Provider General Handbook, which contains general information about the Florida Medicaid program.

Mental Health Targeted Case Management Target Groups

To receive mental health targeted case management services, a recipient must be in one of the specific target groups described below:

- Children's mental health targeted case management for recipients' birth through 17 years.
- Adult mental health targeted case management for recipients age 18 years and older.
- Intensive case management team services for recipients age 18 years and older

clients must be →

Note: See Chapter 2 in this handbook for additional information on recipient eligibility for mental health targeted case management services.

Area Medicaid Office

The Agency for Health Care Administration (AHCA) has eleven area Medicaid offices that serve as the local liaisons to providers and recipients. The area offices are responsible for claims resolution, provider relations and training.

Note: See Appendix C in the Florida Medicaid Provider General Handbook for the area Medicaid offices' phone numbers and addresses.

District or Regional SAMH Office

The district or regional Substance Abuse and Mental Health (SAMH) program office is the local mental health and substance abuse authority within the Department of Children and Families (DCF).

Note: See the Department of Children and Families website at http://www.state.fl.us/cf_web for the district and regional offices' phone numbers and addresses.

Provider Enrollment

General Enrollment Requirements

Providers must meet the general Medicaid provider enrollment requirements contained in Chapter 2 of the Florida Medicaid Provider General Handbook. In addition, providers must follow the specific enrollment requirements listed in this section.

Provider Type

Mental health targeted case management agency providers are enrolled as Provider Type 91, Case Management Agency.

Mental health targeted case management supervisors are enrolled as Provider Type 32, Social Worker/Case Manager.

Group Provider

A mental health targeted case management agency must enroll as a Medicaid group provider. The group must consist of at least one case management supervisor.

Specific Target Group

A mental health targeted case management agency must enroll as a Medicaid provider in order to provide services to one or more of the specific target groups.

Enrollment Process for Fee-for-Service Providers

To enroll as a mental health targeted case management fee-for-service provider, the mental health targeted case management agency must submit the following documents to the Medicaid fiscal agent:

- Completed Medicaid enrollment application package(s) for the provider agency and its case management supervisor(s).
- Certification forms signed by the area Medicaid office for the provider agency.

Targeted case management providers who deliver case management services only under contract with managed care organizations are not required to enroll in Medicaid as a mental health targeted case management provider. Any targeted case management provider who will be submitting claims to Medicaid under a fee-for-service mechanism must be enrolled in Medicaid to seek reimbursement.

Note Medicaid enrollment application packages are obtained from the Medicaid fiscal agent. Enrollment forms are also available on the Medicaid fiscal agent's website at <http://floridamedicaid.acs-inc.com>. Click on Provider Support. Medicaid enrollment application forms are incorporated by reference in 59G-5.010, F.A.C.

FOR
OWIPTS

Provider Agency Qualifications and Certification, continued

**Administrative
Provider Agency
Certification
Criteria for Mental
Health Targeted
Case Management**

Owners
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To be certified as a mental health targeted case management agency, the agency must meet the following administrative certification criteria:

1. Be knowledgeable of and agree to comply with the statutes, rules and policies that affect the target population
2. Have the ability to administer case management services to the target population.
3. Have established linkages with the local network of mental health treatment providers and other resources in the service area.
4. Have a quality improvement program with written policies and procedures.
5. Provide mental health targeted case managers with supervision as outlined later in this chapter
6. Cooperate with and participate in monitoring conducted by AHCA, the area Medicaid office or other staff designated by AHCA.
7. Have the capacity to manage utilization of mental health targeted case management services and to conduct utilization review of these services on a regular basis.
8. Have the financial management capacity and system to provide documentation of costs.
9. Have the ability to maintain and produce documentation that verifies mental health targeted case managers have participated in case management training as required by the Mental Health Central Office.
10. Have the capacity to provide or procure targeted case management training approved by AHCA.

**Programmatic
Provider Agency
Certification
Criteria for Mental
Health Targeted
Case Management**

To be certified as a mental health targeted case management agency, the agency must meet the following programmatic certification criteria:

1. Have all Medicaid mental health targeted case management services provided by certified case managers. *Certified G & H*
2. Provide mental health targeted case management for recipients who ask or are referred for service and who meet eligibility requirements
3. Maintain average caseloads of 20 or fewer for recipients birth through 17 years per mental health targeted case manager
4. Maintain average caseloads of 40 or fewer recipients age 18 and older per mental health targeted case manager. *j*
5. Maintain records that include clearly identified mental health targeted case management certifications for eligibility, assessments, service plans, and service documentation.

*Caseloads
A-J*

Provider Agency Qualifications and Certification, continued

Provider Agency Certification Criteria for Intensive Case Management Team Services

To be certified as an adult mental health intensive team case management services agency, the agency must meet the following criteria:

1. Be certified to provide adult mental health targeted case management services.
2. Serve recipients who meet the eligibility requirements for intensive case management team services as specified in Chapter 2 of this handbook.
3. Certify individuals who receive intensive case management team services
4. Respond 24 hours a day, seven days a week to the needs of recipients served by the team.
5. The maximum average caseload size for a team with four or more case managers shall be 15 persons per each team case manager. The maximum average caseload size for a team with three case managers shall be seven persons per each team case manager. The maximum average caseload size for a team with less than three case managers shall be six persons per each team case manager.
6. Transfer an individual from an intensive case management team to an individual case manager when the recipient and the team agree that intensive case management team services are no longer needed or when the individual refuses intensive case management team services.

Compliance of Quality of Care Reviews

AHCA or its authorized representative periodically reviews a provider's compliance with service eligibility determination procedures, service authorization policy, staffing requirements, and service documentation requirements. Providers in violation of these requirements will be referred to Medicaid Program Integrity for a potential fraud or abuse investigation.

Note: See Chapter 5 in the Florida Medicaid Provider General Handbook for information on Medicaid fraud and abuse.

Targeted Case Management Supervisor Qualifications and Certification

Targeted Case Management Supervisor Enrollment

To be eligible to enroll as a mental health targeted case management supervisor, an individual must be employed by or under contract with a Medicaid-enrolled mental health targeted case management provider agency

*Your supervisor Bills
your claims for you!*

~~Handwritten scribbles and initials~~
AS

Targeted Case Management Supervisor Qualifications and Certification, continued

Individual Mental Health Targeted Case Managers

Individual mental health targeted case managers are not enrolled as Medicaid providers. Services are billed using the agency's Medicaid provider number as the payee provider number, and the name and Medicaid provider number of the mental health targeted case management supervisor who authorizes the services as a Medicaid-enrolled case manager (provider type 32).

← Supervisor's Medicaid provider #

Note: See Chapter 1 in the Florida Medicaid Provider Reimbursement Handbook, Non-Institutional 081, for detailed information on completing the claim.

Certification

The provider agency administrator must certify case management supervisors upon initial enrollment for the target group that the supervisor will serve. The provider agency must maintain the case management supervisor's certification forms on file.

Note: See Appendices E and F in this handbook for copies of the certification forms.

Supervisor Certification Criteria

Mental health targeted case management supervisors must meet the following certification requirements:

- A master's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field and three years of full time or equivalent professional experience serving the target population; or
- A bachelor's degree from an accredited university or college and five years of full time or equivalent case management experience serving the target population; and
- Bring to the position a previous mental health targeted case management certification or have at least three years experience with mental health case management.

Supervisors

Each supervisor must complete AHCA-approved mental health targeted case management training within three months of initially supervising case managers. If the training is not completed within three months, the provider agency must request that the Medicaid fiscal agent disenroll the supervisor. The provider agency cannot continue to bill Medicaid for services rendered by the case management supervisor or by case managers under the supervisor's supervision.

Note: See Targeted Case Management Training Requirements in this chapter for additional information.

Documentation Requirements

Each supervisor must keep an ongoing log documenting his supervision of each mental health case manager. The log must contain at a minimum the amount of supervision and length of time that the supervision took and the case manager's name and the specific target population he serves.



Handwritten notes and signatures in blue ink, including the word 'Supervisors' and 'Staffings!!'.

Individual Targeted Case Manager Certification

Introduction

The mental health targeted case management provider agency must certify individual targeted case managers for the specific target group that the case manager will serve. The provider agency must maintain the individual case managers' certification forms on file.

Medicaid will only reimburse for services provided by certified mental health targeted case managers under the supervision of a Medicaid-enrolled mental health targeted case management supervisor.

**Individual
Children's Mental
Health Targeted
Case Manager
Certification**

Appendix
I
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To be certified as a mental health targeted case manager for the children's mental health target group, an individual must meet the following criteria:

1. Have a bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field (a related human services field is one in which major course work includes the study of human behavior and development) and have a minimum of one year of full time or equivalent experience working with children with serious emotional disturbances; or

Have a bachelor's degree from an accredited university or college and three years full time or equivalent experience working with children with serious emotional disturbances.
2. Has completed or agrees to complete AHCA-approved mental health targeted case management training within three months of initially providing Medicaid services. If the training is not completed within three months, the provider agency cannot continue to bill Medicaid for services rendered by the case manager under the supervisor's Medicaid provider number
3. Have knowledge of available resources in the service area for children with serious emotional disturbances.
4. Is knowledgeable of and comply with state and federal statutes, rules and policies that affect the target population.

Note: See Mental Health Targeted Case Management Training Requirements in this chapter for additional information.

Note: See Appendix G in this handbook for a copy of the Case Manager Certification for Children's Mental Health Targeted Case Management.

Individual Targeted Case Manager Certification, continued

Individual Adult
Mental Health
Targeted Case
Manager
Certification

Appendix
J

To be certified as a mental health targeted case manager for the adult mental health target group, an individual must meet the following criteria:

1 Have a bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field (a related human services field is one in which major course work includes the study of human behavior and development) and have a minimum of one year of full time or equivalent experience working with adults experiencing serious mental illness, or

Have a bachelor's degree from an accredited university or college and three years full time or equivalent experience working with adults experiencing serious mental illness

Case managers who were certified prior to July 1, 2006, who do not meet the above requirements may provide Medicaid services if they meet all other requirements.

2 Has completed or agrees to complete AHCA-approved mental health targeted case management training within three months of initially providing Medicaid services. If the training is not completed within three months, the provider agency cannot continue to bill Medicaid for services rendered by the case manager under the supervisor's Medicaid provider number

3 Have knowledge of available resources in the service area for adults with serious mental illness.

4 Is knowledgeable of and comply with state and federal statutes, rules and policies that effect the target population.

Note: See Targeted Case Management Training Requirements in this chapter for additional information.

Note: See Appendix H in this handbook for a copy of the Case Manager Certification for Adult Mental Health Targeted Case Management.

Appendix
J

Targeted Case Management Training Requirements

Required Training Components

Each mental health targeted case management supervisor and individual targeted case manager must complete training that promotes the knowledge, skills, and competency of the mental health targeted case manager. The training must include the following information:

1) The core elements of case management:

- Assessment;
- Person-centered service plan development;
- Linking and coordination of services;
- Reassessment and follow-up;
- Wrap around and non-traditional services; and
- Monitoring of services.

2) Relevant topic areas:

- Community resources with emphasis on the development of natural support systems;
- Benefits and entitlement programs;
- Use and purpose of clinical and functional assessment tools;
- How to work with families;
- Human growth and development;
- Identification and treatment of serious mental disorders and co-occurring substance abuse related disorders;
- Psychotropic medications including side effects and access to medications;
- Confidentiality;
- Information regarding the ramifications of abuse and neglect;
- Issues identified by the provider's quality improvement program;
- Principles of recovery and empowerment including self-directed care options;
- Eliminating barriers and stigma reduction;
- Available community resources for adults (e.g., supported employment, drop-in/self-help centers, supported housing/housing resources in the community, and Florida Assertive Community treatment (FACT));
- Supplemental security income (SSI) program application and renewal process;
- Available community resources for children (e.g., child care options, community based care agencies, therapeutic foster care, specialized therapeutic foster care (STFC), statewide inpatient psychiatric program (SIPP), behavioral health overlay services (BHOS), therapeutic group care, schools, child's natural support systems, and children's medical services (CMS);
- Principles of resiliency in children;
- Evidence-based practices;
- Development of Service Plans;
- Time management; and
- Advocacy and communication skills

*Must Be Done By 30 days
update yearly*

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Provider Responsibilities

General Requirements

In addition to the general provider requirements and responsibilities that are contained in Chapter 2 of the Florida Medicaid Provider General Handbook, providers are also responsible for complying with the provisions contained in this section.

HIPAA Responsibilities

Florida Medicaid has implemented all of the requirements contained in the federal legislation known as the Health Insurance Portability and Accountability Act (HIPAA). As trading partners with Florida Medicaid, all Medicaid providers including their staff, contracted staff and volunteers, must comply with HIPAA privacy requirements effective April 14, 2003. Providers who meet the definition of a covered entity according to HIPAA must comply with HIPAA Electronic Data Interchange (EDI) requirements effective October 16, 2003. The Coverage and Limitations Handbooks contain information regarding changes in procedure codes mandated by HIPAA. The Florida Medicaid Provider Reimbursement Handbooks contain the claims processing requirements for Florida Medicaid, including the changes necessary to comply with HIPAA.

Note: For more information regarding HIPAA privacy in Florida Medicaid, see Chapter 2 in the Florida Medicaid Provider General Handbook.

Note: For more information regarding claims processing changes in Florida Medicaid because of HIPAA, see the Florida Medicaid Provider Reimbursement Handbook Non-Institutional 081.

Note: For information regarding changes in EDI requirements for Florida Medicaid because of HIPAA, contact the fiscal agent EDI help desk at 800-829-0218.

↑
Protect
Your client's
info!

unless
they are:

Suicidal
homicidal
or victim
of abuse

Provider Responsibilities, continued

Provider Agency Responsibilities

The mental health targeted case management provider agency is responsible for the following:

- Certifying mental health case management supervisors.
- Certifying individual mental health targeted case managers.
- Informing the Medicaid fiscal agent when it wishes to add a mental health targeted case management supervisor to the provider agency's group.
- Informing the Medicaid fiscal agent when a mental health targeted case management supervisor is no longer employed by or no longer functions as a mental health targeted case management supervisor for their agency. This information must include the exact date that the mental health targeted case management supervisor ends employment or ceases to function as a mental health targeted case management supervisor.
- An agency cannot continue to bill Medicaid using the provider number of the targeted case manager supervisor who has left its employment.
- Not billing Medicaid for mental health targeted case management services rendered by individual targeted case managers who fail to complete the training requirement within three months.
- Requesting that the Medicaid fiscal agent disenroll a targeted case management supervisor who has not met the training requirements within three months.



Restrictions on Who May Provide Services

Important

Medicaid will not reimburse mental health targeted case management services that are:

- Provided by anyone other than a certified mental health targeted case manager (e.g., aides, clerks) working under a Medicaid-enrolled targeted case management supervisor;
- Provided by staff who are not employed by or under contract to the Medicaid-enrolled targeted case management agency; or
- Provided by unpaid interns or other individuals not compensated monetarily by the provider.



Eligibility for Children's Mental Health Targeted Case Management, continued

**Ongoing Eligibility
for Children's
Mental Health
Targeted Case
Management**

The provider is responsible for ensuring ongoing eligibility. Justification of eligibility must be documented in the recipient's case record. If circumstances change and the recipient no longer meets eligibility criteria, Medicaid will no longer reimburse for mental health targeted case management services.

**Certification
Criteria for
Children's Mental
Health Targeted
Case Management**

In order to be certified to receive children's mental health targeted case management services, documentation must be provided in the child's case record indicating that the child meets all of the following criteria

1. Is enrolled in a Department of Children and Families (DCF) children's mental health target population (birth through 17 years);
2. Has a mental health disability (i.e., serious emotional disturbance) that requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Requires services to assist in attaining self sufficiency and satisfaction in the living, learning, work, and social environments of choice;
4. Lacks a natural support system for accessing needed medical, social, educational, and other services;
5. Requires ongoing assistance to access or maintain needed care consistently within the service delivery system;
6. Has a mental health disability (i.e., serious emotional disturbance) that, based upon professional judgment, will last for a minimum of one year;
7. Is in out-of-home mental health placement or at documented risk of out-of-home mental health treatment placement, and
8. Is not receiving duplicate case management services from another provider.

If the recipient has relocated from a DCF district or region where he was receiving mental health targeted case management services, the recipient does not need to meet the above criteria. This must be documented in the recipient's case record.

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23
Appendix

Eligibility for Adult Mental Health Targeted Case Management

Introduction

In order to receive adult mental health targeted case management services, a recipient must be certified as requiring the service by the mental health targeted case manager and that case manager's supervisor.

To initially certify any recipient, the provider must complete an Adult Certification, Adult Mental Health Targeted Case Management form within 30 days of the initial date of service. The certification form must be signed and dated by the mental health targeted case manager and that case manager's supervisor.

Note: See Appendix J in this chapter for a copy of the Adult Certification, Adult Mental Health Targeted Case Management form.

Ongoing Eligibility for Adult Mental Health Targeted Case Management

The provider is responsible for ensuring ongoing eligibility. Justification of eligibility must be documented in the recipient's case record. If circumstances change and the recipient no longer meets eligibility criteria, Medicaid will no longer reimburse for mental health targeted case management services.

Certification Criteria for Adult Mental Health Targeted Case Management

In order to be certified to receive adult mental health targeted case management services, documentation must be provided in the recipient's case record indicating that the recipient:

1. Is enrolled in a DCF adult mental health target population (18 years and older);
2. Has a mental health disability (i.e., severe and persistent mental illness) that requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Requires services to assist in attaining self sufficiency and satisfaction in the living, learning, work, and social environments of choice;
4. Lacks a natural support system for accessing needed medical, social, educational, and other services;
5. Requires ongoing assistance to access or maintain needed care consistently within the service delivery system;
6. Has a mental health disability (i.e., severe and persistent mental illness) that, based upon professional judgment, will last for a minimum of one year;
7. Is not receiving duplicate case management services from another provider; and

Appendix J

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Mental Health Targeted Case Management Coverage and Limitations Handbook

Medicaid 30-Day Certification, continued

Certification Criteria for Recipients

The area Medicaid office must certify that the Medicaid recipient meets one of the three criteria listed on the preceding page.

Services Beyond 30 Days

If it is determined that the recipient requires mental health targeted case management beyond 30 days, the recipient must be certified for a specific target group and must receive services in accordance with policy. Medicaid will not reimburse for mental health targeted case management services beyond the 30-day period unless the recipient is certified for one of the three target groups.

Note: See the Eligibility for Children's Mental Health, Adult Mental Health, or Intensive Case Management Team Targeted Case Management Services in this chapter for the certification criteria for each specific target group.

A

General Service Requirements

Adult and Children's Mental Health Targeted Case Management

Adult and children's mental health targeted case management services assist recipients in gaining access to needed financial and insurance benefits, employment, medical, social, education, assessment of functional abilities and needs, and other services. These supportive services include working with the recipient and the recipient's natural support system to develop and implement the recipient's service plan. They also include follow-up to determine the status of the recipient's services, and the effectiveness of activities related to the successful implementation of the service plan toward enhancing the recipient's inclusion in the community.

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Who Must Provide

Medicaid mental health targeted case management services must be provided by case managers who are employed by an enrolled mental health targeted case management agency and certified to provide services to a specific target group. The case manager must be certified and supervised by a certified, Medicaid-enrolled case management supervisor.

must Be certified Appendix E, F

Single Case Manager per Recipient

A recipient in the children's mental health or adult mental health target group may have only one targeted case manager at a time, except in the situations described below.

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General Service Requirements, continued

Exceptions to a Single Targeted Case Manager per Recipient

A recipient may have more than one case manager when one of the following circumstances apply:

- The recipient is referred by Medicaid's contracted utilization management service vendor for Medicaid 30-day certification and the area Medicaid office assigns a different case manager for the purpose of consultation, peer review, and provision of service planning.
- The recipient's regular case manager is unavailable. The reason for the substitution must be documented in the record.
- The recipient has been certified for and is receiving adult intensive case management team services.
- The recipient is a transitional youth age 18-22.

Vacation maternity terminated

exceptions to only Having ONE TCM

Restrictions

Introduction

The restrictions listed in this section apply to all mental health targeted case management services.

Services Provided by More Than One Case Manager

Medicaid will not reimburse mental health targeted case management services provided by more than one case manager to the same recipient on the same date of service except in those cases described under "exceptions to a single targeted case manager per recipient."

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Direct Service Provision

Medicaid will not reimburse mental health targeted case management services for the provision of direct therapeutic medical or clinical services (e.g., checking blood pressure, measuring height and weight, or providing psychotherapy).

Administrative Functions

Medicaid will not reimburse mental health targeted case management services for administrative functions (e.g., checking recipient eligibility or clerical duties).

Don't use word Fax in notes; use "Forwarding"

✗

*✗ ✗ ✗
Duplication*

Restrictions, continued

Ineligible Recipients

Medicaid will not reimburse mental health targeted case management services for recipients who are not Medicaid eligible on the date of service, who have not been certified as meeting the eligibility criteria, or who no longer meet the eligibility criteria for mental health targeted case management.

Recipients Receiving FACT Services

Medicaid recipients enrolled in the Florida Assertive Community Treatment (FACT) program funded through Medicaid administrative matching may not receive any fee-for-service Medicaid mental health targeted case management services. This would constitute a duplication of payment.

Home and Community-Based Waiver Recipients

Except for the Model Waiver, Medicaid will not reimburse mental health targeted case management services for recipients who are enrolled in a home and community-based services waiver program.

Note: See Chapter 1 in the Florida Medicaid Provider General Handbook for information on home and community-based services waiver programs.

Institutionalized Recipients

Not Billable

Medicaid will not reimburse mental health targeted case management services for recipients who are in nursing facilities, state mental health treatment facilities, county jails, prisons, detention centers, other secure residential correction facilities, or intermediate care facilities for the developmentally disabled.



or hospitals

Institutions for Mental Diseases

Medicaid does not reimburse for mental health targeted case management services rendered to a resident of an institution for mental diseases (IMD), unless the resident is participating in the Statewide Inpatient Psychiatric Program Waiver. Per Title 42, Code of Federal Regulations, Part 441.13, an institution for mental disease is defined as a hospital or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care to persons with behavioral diseases.

Note: The Code of Federal Regulations is available on the Internet at www.gpoaccess.gov/cfr/index.html

Discharge Planning

Medicaid will not reimburse mental health targeted case management for discharge planning services when discharge planning is covered by a residential facility's per diem.

Medicaid will reimburse for discharge planning for a recipient coming out of a state mental health treatment facility 60 days prior to discharge.

Restrictions, continued

**Statewide Inpatient
Psychiatric
Program (SIPP)
Recipients**

Medicaid will reimburse targeted case management services for children in a Statewide Inpatient Psychiatric Program (SIPP) for the last 180 days prior to a planned discharge date that is documented in the medical record. For continuity, targeted case management services must be provided by a targeted case management provider agency located in the same district as the child's aftercare placement.

If a case manager is assigned prior to or at the time of placement, the case manager must:

- Provide relevant information to the SIPP staff relating to the child's strengths as well as problems and symptoms that have resulted in the need for placement.
- Inform the SIPP of previous mental health interventions and services, the child's response to these services, and of significant individuals involved with the child.

Targeted case management services provided to a SIPP recipient must include the following:

- Meeting the child, parent or guardian, and contacting other people (guardian ad litem, child welfare, community-based care, and other agencies) to explain the role of targeted case manager for a child in a SIPP placement.
- Attending at least one treatment team meeting monthly and determine if treatment plan goals address the problems and symptoms that resulted in the need for the child's restricted placement and the child's strengths and assets. For children who are placed out of district, attendance may occur by phone if justified in the record.
- Having face-to-face contact with the child and the child's therapist monthly, and contact with the family or guardian to support the family's involvement in treatment and to further the treatment and discharge planning goals. If the case manager is unable to visit the child, the case manager must call the child at least once every 14 days.
- Assisting the parent or guardian in coordinating aftercare services in the home, school, and community environments to assess and assist the youth's transition and adjustment to discharge placement.
- Recommending and implementing any changes or revisions to the aftercare services array, as needed.
- After discharge, collecting outcome data to include a two-month follow-up and reporting the information to the SIPP.

Services are limited to eight hours monthly. This limit may be increased to 12 hours monthly during the last month of a child's SIPP placement to facilitate implementation of the aftercare plan.