

1. **Mental Retardation / Developmental Disabilities (MR/DD) Targeted Case Management (TCM) Definition**

Below is the definition of MR/DD TCM. This language will be in the provider manual (published June 29th) and is the definition within the current draft State Plan Amendment. You may note that Article 64/63 (pending revision) will continue to have MR/DD TCM service definitions that are MR/DD services specific, however please use the service definitions identified below when submitting claims for MR/DD TCM services for dates of service on or after July 1, 2007. SRS has reviewed the service definitions currently in Article 64/63 and is confident those definitions fit well within the generic, broader TCM service definitions below.

Definition of services: Case management services are defined as those services which will assist the individual in gaining access to medical, social, educational and other needed services. Targeted case management includes and or all of the following services:

Assessment of an eligible individual to determine service needs by:

- *taking the individual's history,*
- *identifying the individual's needs and completing the 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.*

Development of a specific support / care plan that::

- *is based on the information collected through the assessment,*
- *specifies the goals and actions to address the medical, social, educational, 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 legal representative) and others to develop such goals, and identify a course of action to respond to the assessed needs of the eligible individual.*

Referral and related activities:

- *to help an individual obtain needed services including,*
- *activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual*

Monitoring and follow-up activities including:

- *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 as frequently as necessary to determine:*
 - *whether services are being furnished in accordance with the individual's care plan;*
 - *whether the services in the care plan are adequate; and whether 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*

2. MR/DD TCM Rate and Billing

- As of July 1, 2007 the MR/DD TCM payment rate will be \$10.60 per unit. One (1) unit = 15 minutes.
- MR/DD TCM service provided with a date of service prior to July 1, 2007 should be billed using the current rate, code, forms and process. Payments will continue to flow through the CDDO until all TCM with service dates prior to July 1, 2007 have been billed / paid or the timeframe to submit claims has expired.
- MR/DD TCM service provided with a date of service on or after July 1, 2007 should be billed using the new code - T1017. The enrolled MR/DD TCM service provider will submit claims and receive payment directly.
- Following is the new provider manual language instructions for tracking TCM for per unit claiming: *“Time should be totaled by actual minutes/hours worked. Billing staff may round the total at the end of the billing cycle. One unit = 15 minutes; one-half unit (.5 unit)=7.5 minutes. Providers are responsible to insure the service was provided prior to submitting claims.”*

3. MR/DD TCM Service Utilization

Service utilization for MR/DD TCM will be capped at 240 units annually per individual. Since this change is occurring in the middle of a calendar year the actual initial cap will be 120 units from service dates July 1, 2007 through December 31, 2007. On January 1, 2008 the utilization cap will be reset to 240 units and monitored for the calendar year annually.

4. MR/DD TCM Prior Authorization

Claims submitted for MR/DD TCM within the utilization cap amount do not require prior authorization. The MMIS system will automatically deny any claims for units of service above the individual’s utilization cap amount. A process is being developed to manage requests to exceed the capped utilization amount when there are extraordinary MR/DD TCM service needs, and all original units are used. Forms, criteria and process information for this prior authorization system will be made available in the near future. The prior authorization will be a “prior authorization” process, and no claims will be paid once the utilization cap is reached, unless SRS authorizes more utilization. Requests for prior authorization will not be accepted until all of the original units are expended. Requests for additional units will not be approved unless there is an **extraordinary** MR/DD TCM service need. Providers are encouraged to be diligent in planning and monitoring their MR/DD TCM service provision.

5. MR/DD TCM Documentation Requirements

There are some changes to the MR/DD TCM documentation requirements with an implementation date of July 1, 2007. Providers are encouraged to consider the new requirements when planning for MR/DD TCM service provision with dates of service on or after July 1, 2007. You should note the new requirements of: 1) a legibly-printed name and a signature on each case log page; and 2) the use of start and stop times using AM/PM or a 2400 hour clock. Documentation requirements in the new KMAP manual are noted below:

Recordkeeping responsibilities rest with the provider. Medicaid requires written documentation of services provided and billed to the Kansas Medical Assistance Program. Documentation at a minimum must include the following:

- *An Activity Log that includes:*
 - *the service being provided*
 - *Consumer's first and last name,*
 - *Date of service (MM/DD/YY)*
 - *Location of service provided*
 - *Case Manager's legibly-printed name & signature on each page of the case log. Signature verifies that every entry reflects activities performed by the signee.*
 - *Detailed description of the service provided, including start and stop times that indicate AM/PM or utilize 2400 hour clock.*
- *If documentation is not clearly written and self-explanatory, the reimbursement billed will not be paid.*
- *Validation of services provided must be documented within the timeframe that is billed. Generated documentation after-the-fact is not acceptable*

6. MR/DD TCM Case Manager Training and Minimum Eligibility Requirements

SRS has drafted revisions to the Kansas Administrative Regulations that apply to MR/DD TCM. The draft regulations do not include a case manager registration process. If the regulation revisions are approved, the MR/DD TCM licensed Community Service Provider will be responsible for insuring documentation is available that proves case managers meet the minimum qualifications and have completed the SRS required training within the established timeframe. These requirements as well as all other case management requirements will be monitored by SRS through the licensing process. Any service provider employing a case manager/s not meeting the minimum qualifications, or not completing the training requirements within established timeframes may be subject to recoupment of claims paid resulting from MR/DD TCM work provided by that case manager.

As of July 1, 2007 a registration number will not be provided to the case manager for the purpose of tracking their training within the SRS data base. It will be the responsibility of the case manager to enter their name correctly and then print the certificate after each assessment is completed successfully. The certificate will be proof of the case manager's successful completion of the training.

The revised draft regulations do not include a limit on the number of individuals on a case manager's caseload.

SRS – Health Care Policy / Community Supports & Services
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