School-Based Health Services
Medicaid Policy Manual

Targeted Case Management Services MODULE 7

WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR
MEDICAL SERVICES

Administrative Requirements

BACKGROUND

- School-Based Health Services are regulated by the Centers of Medicaid and Medicare (CMS) and administered by the West Virginia Department of Health and Human Resources (WVDHHR) through the Bureau for Medical Services (BMS).

- Local Education Agencies (LEAs) are enrolled with Medicaid as a provider. In doing so, LEAs must conform to state and federal rules and confidentiality requirements.

- LEAs must cooperate fully with the Bureau for Children and Families (BCF) and the court systems.

Administrative Requirements (continued)

- All Medicaid members (students with Medicaid cards) and/or their parents or guardians have the right to freedom of choice when choosing a provider for treatment.
- All Medicaid providers should coordinate care if a member has additional Medicaid services at different sites.
- Appropriate releases of information should be signed and in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- Service Plan is required.

Administrative Requirements (continued)

WEST VIRGINIA Department of Health & Human Resources BUREAU FOR MEDICAL SERVICES

MEMBER ELIGIBILITY

School-based health services include medically necessary covered health care services pursuant to an Individual Education Plan (IEP) provided by or through the West Virginia Department of Education (DOE) or a Local Education Agency (LEA).

Medical Necessity

SERVICES AND SUPPLIES THAT ARE:

- Appropriate and necessary for the symptoms, diagnosis or treatment of an illness.
- Provided for the diagnosis or direct care of an illness.
- Within the standards of good practice.
- Not primarily for the convenience of the plan member or provider.
- The most appropriate level of care that can be safely provided.

Medical Necessity (continued)

Must be demonstrated throughout the provision of services. For these types of services, the following five factors will be included as part of this determination:

- Diagnosis (as determined by a physician or licensed psychologist)
- Level of functioning
- Evidence of clinical stability
- Available support system
- Service is the appropriate level of care

Rounding Units of Service

- Services covered by Medicaid are, by definition, either based on the time spent providing the service or episodic. Units of service based on an episode or event cannot be rounded.
- Many services are described as being “planned,” “structured,” or “scheduled.” If a service is planned, structured, or scheduled, this would assure that the service is billed in whole units; therefore, rounding is not appropriate.

The following services are eligible for rounding:

- T1017 –Targeted Case Management.

In filing claims for Medicaid reimbursement for a service eligible for rounding, the amount of time documented in minutes must be totaled and divided by the number of minutes in a unit. The result of the division must be rounded to the nearest whole number in order to arrive at the number of billable units. After arriving at the number of billable units, the last date of service provision must be billed as the date of service. The billing period cannot overlap calendar months. Only whole units of service may be billed.

Rounding Units of Service (continued)

Jan. 1	**Jan. 2**	**Jan. 3**	**Correct Billing**
5 min. - TCM	5 min. -TCM	5 min. - TCM	Bill 15 minutes TCM for January 3.
Jan. 1	**Correct Billing**		
15 min. - TCM	Bill 15 minutes for TCM for January 1		
Jan. 29	**Jan. 30**	**Feb. 1**	**Correct Billing**
5 min. – TCM	5 min. – TCM	5 min. - TCM	Cannot bill due to a new calendar month beginning
Jan. 1	**Jan. 2**	**Jan. 3**	**Correct Billing**
5 min. - TCM	10 min. - TCM	10 min. - TCM	Bill 15 minutes for TCM on January 3 Cannot round up to 30 minutes for TCM
Jan.1	**Jan. 2**	**Jan. 3**	**Correct Billing**
5 min. - TCM	Absent from school or no Medicaid Services provided	10 min. - TCM	Bill 15 minutes for TCM on January 3

Telehealth

- BMS encourages providers that have the capability to render services via Telehealth to allow easier access to services for WV Medicaid members.
- To utilize Telehealth, providers will need to document that the service was rendered under that modality.
- When filing a claim, the provider will bill the service code with a “GT” modifier. Each service in the BMS Provider Manual, Chapter 538 is identified as “Available” or “Not Available” for Telehealth.
- Some service codes give additional instruction and/or restriction for Telehealth as appropriate.

Telehealth (continued)

- All Medicaid conditions and regulations apply to Telehealth services unless otherwise specified in this manual.
- The provider must have an appropriately trained employee of the facility available in the building at all Telehealth contacts with a member. Appropriately trained is defined as trained in systematic de-escalation that involves patient management.
- The health care agency or entity enrolled as a WV Medicaid provider has the ultimate responsibility for the care of the patient. The practitioner performing services via telemedicine, whether from West Virginia or out of state, must meet the credentialing requirements contained within this manual.
- Telehealth providers must have in place a systematic quality assurance and improvement program relative to Telehealth services that is documented and monitored.

Telehealth (continued)

- The practitioner who delivers the service to a member shall ensure that any written information is provided to the member in a form and manner which the member can understand using reasonable accommodations when necessary. Member's consent to receive treatment via Telehealth shall be obtained and may be included in the member's initial general consent for treatment.
- If the member (or legal guardian) indicates at any point that he or she wishes to stop using the technology, the service should cease immediately and an alternative method of service provision should be arranged.
- For further information and provider responsibilities regarding Telehealth services, refer to the Administration Training Module 1.

Targeted Case Management (TCM) Services

Targeted Case Management Services

Procedure code: T1017 SE
Service unit: 15 minute unit
Telehealth: Available
Serviced limits: Five -15 minute units per instructional day

Staff credentials: the following credentials are accepted for a TCM provider to render this Medicaid service:

- A psychologist with a masters' or doctoral degree from an accredited program
- A licensed social worker
- A licensed registered nurse

A masters' or bachelors' degree granted by an accredited college or university in one of the following human services fields:

- Psychology
- Criminal justice
- Board of Regents with health specialization
- Recreational therapy
- Political science
- Nursing
- Sociology
- Social work
- Counseling
- Teacher education
- Behavioral health
- Liberal arts
- Other degrees approved by the west Virginia Department of Education (WVDOE)

TCM Services (continued)

- Targeted Case Management services are a component of the TCM service plan. Targeted Case Management **identifies** and **addresses** special health problems and needs that affect the student's ability to learn; assist the child to gain and coordinate access to a broad range of medical, social, educational, and other services; and ensures that the student receives effective and timely services appropriate to their needs.

- The relationship of the targeted case manager with a Medicaid member and his or her family should be one of **a partnership**. As such, members, parents, and families are not merely spectators of case management recommendations, but active participants in care planning throughout the case management process. This is a necessary perspective in order for the member's needs and/or preferences to be considered and addressed individually and within the environment in which the person resides.

TCM Services (continued)

- Accordingly, organized strategies that empower members, parents, and families to assume and carry out their responsibilities must be included in this mutual planning process.
- It is very important that a targeted case manager is aware of and sensitive to the values, attitudes, and beliefs that are unique to each family. Values concerning approaches and styles of parenting and/or family life vary according to culture. The effectiveness of TCM is positively impacted by a demonstrated respect for cultural variations among families. Thus, it is critical that case managers be able to identify and understand cultural beliefs, values, attitudes, and morals by which beneficiaries and their families operate.
- TCM effectiveness is further enhanced when integrated with other services and resources identified through a systems perspective, considering all active participants in the individual's life, including the individual's parents, family, and significant others and any involved service providers. Interschool collaboration is crucial to ensuring that a member's needs are adequately met without duplication of services. Thus, it is important for a system to exist within each school to ensure that targeted case managers are communicating with other professionals and involved parties, coordinating care and services and meeting the specific needs of each individual and, as appropriate, the needs of families.

TCM Services (continued)

- TCM is the coordination of services to ensure that eligible Medicaid members have access to a full array of needed services including the appropriate medical, educational, or other services. TCM is responsible for **identifying** individual problems, needs, strengths, and resources; coordinating services necessary to meet those needs; and **monitoring** the provision of necessary and appropriate services. This process is intended to assist beneficiaries and, as appropriate, their families in accessing services which are supportive, effective and cost efficient. TCM activities ensure that the changing needs of the Medicaid beneficiary are addressed on an ongoing basis and that appropriate choices are provided from the widest array of options for meeting those needs.

- The LEA is required to have the Medicaid member's Targeted Case Management Acknowledgement Form signed by the member's legal representative and kept in the member's file. LEAs may not bill for Targeted Case Management Services until the form is completed and signed by the member's representative. <u>This cannot be done over the phone.</u>

TCM Services (continued)

Targeted Case Management services must include any of the following activities:

- Needs assessment and reassessment;
- Development and revision of service plan;
- Referral and related activities; or
- Monitoring and follow-up activities.

1. Needs Assessment and Reassessment: Reviewing of the individual's current and potential strengths, resources, deficits and need for medical, social, educational and other services. Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual. Results of assessments and evaluations are reviewed and a meeting is held with the individual, his or her parent(s) and /or guardian, and the case manager to determine whether services are needed and, if so, to develop a service plan. At a minimum, an annual face-to-face reassessment shall be conducted to determine if the client's needs or preferences have changed.

2. Development and Revision of the TCM Service Plan: Developing a written plan based on the assessment of strengths and needs which identifies the activities and assistance needed to accomplish the goals collaboratively developed by the individual, his or her parents(s) or legal guardian, and the case manager. Development and periodic revision of the TCM Service Plan will specify the goals and actions to address the medical, social, educational, and other services needed by the eligible individual. The service plan describes the nature, frequency, and duration of the activities and assistance that meet the individual's needs. Periodic revisions to the TCM Service Plan will be made at a minimum annually. The IEP is not the TCM Service Plan.

TCM Services (continued)

3. Referral and Related Activities: Facilitating the individual's access to the care, services and resources through linkage, coordination, referral, consultation, and monitoring. This is accomplished through in-person and telephone contacts with the individual, his or her parent(s) or legal guardian, and with service providers and other collaterals on behalf of the individual. This will occur as necessary, but at least annually. This may include facilitating the recipient's physical accessibility to services such as arranging transportation to medical, social, educational and other services; facilitating communication between the individual, his or her parent(s) or legal guardian and the case manager and between the individual, his or her parent(s) or legal guardian and other service providers; or arranging for translation or another mode of communication. It also includes advocating for the individual in matters regarding access, appropriateness and proper utilization of services; and evaluating, coordinating and arranging immediate services or treatment needed in situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for a specific individual. This may also include acquainting the individual, his or her parent(s) or legal guardian with resources in the community and providing information for obtaining services through community programs.

4. Monitoring and Follow-up Activities: The case manager shall conduct regular monitoring and follow-up activities with the client, the client's legal representative, or with other related service providers. Monitoring will be done to ensure that services are being furnished in accordance with the individual's TCM Service Plan. Periodic review based on the service plan goals and objectives of the individual's progress and the appropriateness and effectiveness of the services being provided will be conducted. This review may result in revision or continuation of the plan, or termination of TCM services if they are no longer appropriate. Periodic reviews may be done through personal and telephone contacts with the individual and other involved parties. The periodic reviews will be conducted as necessary, but at least annually.

TCM Services (continued)

- All services shall be fully documented in the member's record.

- **Non-Duplication of Services**: If a Medicaid member chooses to have TCM services from another provider agency as a result of being a member of other covered targeted groups such as foster children etc.; the School-Based Health Services providers will ensure that TCM activities are coordinated to avoid duplication of services.

- TCM includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback; and alerting case managers to changes in the eligible individual's needs. TCM activities shall not restrict or be used as a condition to restrict a client's access to other services under the state plan.

Covered School-Based Services

DOCUMENTATION:

- Original documentation must be maintained at the LEA Board of Education Central Office. This includes billing forms, progress notes and evaluations. The LEA may keep an electronic version of such documentation.
- Providers may keep copies of the documentation for their use.
- Do not keep Medicaid member records in your car or home.
- For further information regarding documentation requirements, refer to the Administration Training Module 1.

School-Based Health Services Contacts

MEDICAID PARTNERS

West Virginia Department of Education

Office of Federal Programs:

- Contact: Terry Riley 304-558-1965

tjriley@k12.wv.us

Bureau of Medical Services (BMS):

http://www.dhhr.wv.gov/bms/Programs/Pages/default.aspx

Home and Community Based Services Unit

School Based Health Services

- Contact: Cynthia Parsons 304-356-4936

Cynthia.A.Parsons@wv.gov