



Connecticut Medical Assistance Program
Policy Transmittal 2016-04

Provider Bulletin 2016-08
March 2016

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2016
Contact: Hector Massari @ 860-424-5152

TO: Behavioral Health Clinics, Enhanced Care Clinics and Hospital Outpatient Departments
RE: Targeted Case Management for Adults with Serious and Chronic Mental Illness or Substance Use Disorders

The purpose of this transmittal is to highlight changes in the Department's coverage of targeted case management (TCM) services for adults with serious and chronic mental illness that will be effective July 1, 2016 and forward.

TCM Services

TCM services are defined as services furnished to assist eligible individuals in gaining access to needed medical, social, educational and other services. TCM includes the following assistance:

**Comprehensive assessment* at admission and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services.

**Development (and periodic revision) of a specific care plan* that is based on the information collected through the assessment that:

Specifies the goals and actions to address the medical, social, educational, and other services needed by 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 those goals; and identifies a course of action to respond to the assessed needs of the eligible individual;

**Referral and related activities* (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:

Activities that help link the individual with medical, social, educational providers, or other programs and services that address identified

needs and assist the individual achieve goals specified in the care plan; and

**Monitoring and follow-up activities:*

Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, services providers, or other entities or individuals and are conducted as frequently as necessary, and include at least one annual monitoring. A minimum of annual monitoring is conducted, and in most cases monitoring will be more frequent (e.g., monthly, quarterly), in order to determine whether the following conditions are met:

Services are being furnished in accordance with the individual's care plan; services in the care plan are adequate; and changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring may be conducted by staff face-to-face or by telephone contact with the individual, by chart review, by case conference, or by collateral contact with family members, service providers, or other entities or individuals.

*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.

Target Population

The target group includes individuals age 18 or older with serious and chronic mental illness as defined by the Department of Mental Health and Addiction Services (DMHAS), in consultation with the Department of Social Services. The target group is inclusive of individuals with substance use disorders and co-occurring mental illness. Providers can bill for TCM services provided to individuals who are receiving them for one of the primary ICD-10 diagnoses on the target group list. List of appropriate diagnosis codes can be found on the Department's Web site at www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download", click on "I accept", click on "fee schedule instructions" and then go to Table 17.

Case management services are available for up to 180 consecutive days of a covered stay in a medical institution. In accordance with federal Medicaid policy, the target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions.

The target group includes individuals transitioning to a community setting (e.g. to-from a nursing facility, general hospital, and emergency department but not individuals transitioning to or from an institution for mental disease).

Documentation

Providers must maintain case records for all individuals receiving case management services. Such records must document: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A

timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Eligible Providers

Many providers currently provide TCM services to this target group under contract to DMHAS. The remainder of this policy transmittal is not addressing those providers and does not change those relationships. The Department is announcing an opportunity for providers that are not DMHAS-contracted TCM providers to enroll and bill DSS directly for services on a fee-for-services basis.

Services may be billed directly to DSS by providers enrolled in the Connecticut Medical Assistance Program (CMAP) provider network as a TCM-CMI Private Fee for Service provider (type 53 / specialty 539). Information about enrollment as a DMHAS TCM Biller can be found on the Department's Web site at www.ctdssmap.com by selecting Provider > Provider Enrollment and completing the online application with the provider type and specialty noted below in bold.

A requirement of enrollment is certification by DMHAS as having a competency in providing case management services to adults with serious and chronic mental illness. For information about the certification process, contact DMHAS at **1-860-418-6897**.

Hewlett Packard Enterprise, the Department of Social Services Fiscal Intermediary, will be offering online enrollment training for providers interested in enrolling as a **BHH/TCM/Waiver Provider with a TCM-CMI Private Fee for Service specialty 539**. The online enrollment training will be offered in mid to late April 2016. Interested providers can receive an invitation to this workshop and other BHH/TCM/Waiver provider communications through e-mail subscription by accessing the www.ctdssmap.com Web site. From the home page, click the "Register/Update Email Subscription" link and enter and confirm the e-mail address under "New Subscriber" and click "Register". Once you are registered, click the "BHH/TCM/Waiver

Provider” box and any other provider information you wish to receive, then click save. If you are already an e-subscriber for other provider information, add BHH/TCM/Waiver Provider to your subscription by completing the “Existing Subscriber” box and clicking update. Check the “BHH/TCM/Waiver Provider” box and click save.

Providers can also register for the TCM-CMI Private Fee for Service workshop by accessing the www.ctdssmap.com Web site. From the Home page, click Provider > Provider Services. Under Provider Training, click the “here” link. The TCM-CMI Private Fee for Service workshop will display as a link under workshops.

The TCM-CMI Private Fee for Service workshop Presentation, when available, will display as a link under “Materials” for those who would like a copy of the Workshop Presentation.

Billing for Services and Limitations

- Services are billed for 15 minute intervals using procedure code T1017.
- Claims for TCM can only be submitted for services identified in the TCM service plan.
- Services lasting less than eight (8) minutes are not reimbursable.
- Claims cannot be submitted when the case management activities are an integral and inseparable component of another covered Medicaid service.
- Case management is not reimbursable when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including but not limited to services related to foster care programs.
- Claims are submitted to Hewlett Packard Enterprise.
- The reimbursement for each 15 minute unit of service is identified on the TCM-CMI Private Fee for Service fee schedule. Information about accessing the fee schedule follows. The current rate is \$12.00 per unit.

Prior Authorization

Providers who are not contracted with DMHAS to provide TCM for adults with serious and chronic mental illness or substance use disorders and who enroll to bill DSS directly for these services may bill for up to three (3) hours per month of TCM per member per month without a prior authorization. TCM services in excess of three (3) hours per month will require authorization from the behavioral health administrative services organization which can be reached at 1-877-552-8247.

Accessing the Fee Schedule

DSS fee schedules are now posted on the Web site in a CSV (Comma Separated Values) format. The Fee for Service TCM-CMI Private Fee for Service fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, click on the “I accept” button, then select the TCM-CMI Private Fee for Service fee schedule.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed by Hewlett Packard Enterprise to providers enrolled in the Connecticut Medical Assistance Program.

Responsible Unit: DSS, Division of Health Services, Hector Massari, Integrated Care Unit at hector.massari@ct.gov

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