



COMMUNITY MENTAL HEALTH

ADMINISTRATION

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Mark A. Hackel
County Executive

COMPLIANCE ALERT

John L. Kinch
Executive Director

Date: November 21, 2017

BOARD OF DIRECTORS

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Chairperson

To: Macomb County Community Mental Health Workforce Members
(administrative and directly-operated network providers)
MCCMH Board Contracted Organizational Network Provider Workforce
Members

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From: Kimberly Cope, ^{YC} MCCMH Corporate Compliance Officer

Linda K. Busch
Secretary-Treasurer

RE: Overlapping Services – T1016/1017 Supports Coordination/ Case
Management and Other Services

Marilyn Brown
Louis J. Burdi
Nick Ciaramitaro
Susan Doherty
Barry J. Gross, D.O.
Phil Kraft
Brian Negovan
Christopher M. O'Connell, D.O.
Selena M. Schmidt

Please be advised that ALL MCCMH network providers must, at all times, comply with the Michigan Medicaid Provider Manual (MPM), PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes, MCCMH MCO policy, executive directives, compliance alerts, applicable law, rules, and regulations. Providers should be knowledgeable of the full text found in the Michigan Medicaid Provider Manual for any service provided and comply with all requirements.



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Additionally, contracted service providers must comply with the Specialty Services Contract requirements which includes complying with the requirements and service descriptions contained in the most current version of the Michigan Medicaid Provider Manual.



MEMBER

Targeted Case Management is a Medicaid covered service if it meets the criteria in the Michigan Medicaid Provider Manual. See the current Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter, Section 13.

Providers may only submit a claim for targeted case management that overlaps with another Medicaid approved service if it meets the MPM documentation

standards, PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes requirements, and other stated requirements for this service. Failure to adhere to MDHHS required Medicaid standards may result in contract sanctions.

The purpose of overlapping case management services is to monitor the consumer while they are engaged in the services of another provider to ensure that the service is being delivered appropriately and meeting the needs of the consumer identified in the individual plan of service.

Overlapping case management monitoring of other services must be identified in the individual plan of service and supported by the needs of the individual.

Claims will be paid only if the individual plan of service identifies the need for overlapping case management and the clinical documentation, including the progress note, supports the claim by addressing the need to monitor the delivery and appropriateness other services.

As a reminder, the following requirements are mandatory for approval of overlapping Case Management services with another Medicaid approved service:

MPM Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter,

Section 13.3 CORE REQUIREMENTS:

- Assuring that **the plan of service identifies** what services and supports will be provided, who will provide them and **how the case manager will monitor** (i.e., interval of face-to-face contacts) **the services and supports identified under each goal and objective.**
- Identifying and addressing gaps in service provision.

Documentation	<p style="text-align: center;">*****</p> <p>The case manager must review services at intervals defined in the individual plan of service.</p> <p style="text-align: center;">*****</p>
Monitoring	<p>The case manager must determine, on an ongoing basis, if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and scope (face-to-face and telephone) of case management monitoring activities must reflect the intensity of the beneficiary's health and welfare needs identified in the individual plan of services.</p>

PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes requirements:

Typically, case management may not be reported for the time other Medicaid-covered services (e.g. medication reviews, skill building) are occurring. However, in cases where a per diem is being paid for a service, e.g. CLS and Personal Care – it is acceptable to report units of case management for the same day.

PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes, Same Time Service Reporting, Effective 10-1-16 – revised June 20, 2017 requirements (p.50):

Other Ambulatory/Outpatient Services that Can be Reported at Same Time:

11. Face-to-face interactive Case Management **monitoring** (T1016/1017) can be reported at the same time as in-home service such as community living support and personal care, and certain day-time activity services (clubhouse, supported employment, prevocational skill building, community activities). Professionals and specialty providers will report treatment plan monitoring (H0032-TS) at the same time that the consumer is receiving the service for which they are being monitored in the above settings. The consumer must be present and have at least 15 minutes of interaction with the case manager/supports coordinator **for the monitoring activity and the service being monitored to be reported at the same time.**