Changes in Case Management Encounter Reporting

Annual Home and Community Based Waiver Conference
November 14, 2017
Participants will be able to:

- Identify two resources available to Community Mental Health Service Programs for updates to provider qualifications and reporting requirements.
- List efforts completed by the Encounter Data Integrity Team (EDIT) and the Financial Work group in 2016
- Discuss key issues resolved by the EDIT workgroup for reporting case management and supports coordination services.
Format

- Panel Discussion on Case Management Encounter Reporting
- Q & A of audience questions
Panel Introductions

- Mary Allix, DBH, MA, LLPC, CADS, CAADC, Director of Quality Improvement, Detroit Wayne Mental Health Authority

- Maggie Beckmann, Director of Quality Improvement and Compliance, Network 180

- Lola Callihan, MDHHS, Policy Specialist

- Pam Pully, CPC, CPMA, AAPC Fellow, Director of Revenue Management Hope Network
Same-Time Services Reporting

Background

In general, in health care reporting only one service can be reported for a given time period. While there may be other staff present, the service reported is the one that is primary as experienced by the consumer. While CMHSPs and/or providers may, for internal financial purposes, track the time/cost of additional staff or services during the primary service, not all information is reported to the state.

There are some exceptions to the general rule of reporting one service for a given time period.
Autism Website

www.michigan.gov/autism
Reporting Requirements
This document now includes an appendix which details the decisions of the FY16 efforts of the Encounter Reporting and Financial Work Group, which is a subgroup of EDIT. The Appendix provides detailed guidance on reporting and costing for the following services:

- Community Living Support (H2016) and Personal Care (T1020)
- Community Living Support in an Unlicensed In-Home Setting (H0043 and H2015)
- Community Living Support for Daytime Activity (H2015)
- Crisis Intervention (H2011) and Pre-Admission Screening (T1023)
- Psychiatric Inpatient in a Local Hospital
- Transportation for Day-Time Activity

The appendix also includes a section on reporting rules for services that occur at the same time.
<table>
<thead>
<tr>
<th>Service Description (Chapter III &amp; PIHP Contract)</th>
<th>HCPCS &amp; Revenue Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals</th>
<th>Reporting Units/Duplicate Threshold “DT”</th>
<th>Reporting Technique &amp; Claim Format</th>
<th>Coverage</th>
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<tr>
<td>Supports Coordination</td>
<td>T1016</td>
<td>T1016 Case management, each 15 minutes. Modifier HK (specialized mental health programs for high risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or “b3” Services.</td>
<td>15 minutes DT=48/day</td>
<td>Line Professional</td>
<td>Healthy Michigan, Habilitation Supports Waiver, 1915(b)(3) &amp; EPSDT</td>
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<tr>
<td>Targeted Case Management</td>
<td>T1017</td>
<td>Targeted Case management</td>
<td>15 minutes (Face to Face) DT=48/day</td>
<td>Line Professional</td>
<td>State Plan, Healthy Michigan</td>
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Supports Coordination - T1016

T1016 Case management, each 15 minutes. Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services.

15 minutes

Line Professional

Healthy Michigan, Habilitation Supports Waiver, 1915(b)(3) & EPSDT

When/how to report encounter:
- Face-to-face only
- Includes supports coordinator’s activities of pre-planning, treatment planning, periodic review of plan (Collateral contacts are indirect time/activity)
- Activities of supports coordination assistants or aides, service brokers, and case management assistants may be reported, but not for the same time period for which there is a supports coordinator activity reported.
- Typically supports coordination may not be reported for the time other Medicaid-covered services (e.g., medication reviews, skill building) are occurring. However, in cases where a person is being paid for a service - e.g. CLS and Personal Care - it is acceptable to.

Effective 10/1/2017

FHSP/CMHSP Reporting Cost Per Code and Code Chart

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| Targeted Case Management | Targeted Case management | 15 minutes (Face to Face) | Line Professional | State Plan, Healthy Michigan | When/how to report encounter:
- Face-to-face only
- Includes case manager’s activities of pre-planning, treatment planning, periodic review of plan (Collateral contacts are indirect time/activity)
- 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.
Allocating and reporting costs:
- Include indirect activity
- Cost if staff provide multiple services
Boundaries:
- Between Supports Coordination (SC) and Targeted Case Management (TCM)
* Use SC for all HSW beneficiaries
* Use SC when any other Medicaid beneficiary (SMI, DD or SED) has goals of community inclusion and participation, independence or productivity (see 1915 b3 or Additional Supports and Services in the Medicaid Provider Manual) |
Same-Time ABA Services Reporting

- For Autism, Targeted Case Management and Supports Coordination can be provided at the same time as a beneficiary is receiving a direct ABA covered service; except for when an ABA provider is already conducting clinical observation & direction of the beneficiary and behavior technician; Case management should never overlap with 0368T or 0369T. Must document what case manager is doing and why – monitoring of the IPOS. Frequency of monitoring be reasonable and reflect the needs of the beneficiary.

- Autism Family Behavior Treatment Guidance with the family (0370/0371) can be reported at the same time as Autism Adaptive Behavioral Treatment (0364-0367) face-to-face with the child.

Reasoning:

- 0370/0371 can be provided without the child present.
- 0364-0367 ABA Treatment can be provided to the child while the family is receiving Guidance.
Same-Time Other in-home Services Reporting

- Face-to-face interactive Case Management monitoring (T1016/T1017) 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 (Hoo32-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 same time.
Same-Time Other in-home Services Reporting

- Treatment Planning (H0032) can be reported by an independent facilitator and all professional staff for the same session. In addition, it can be reported by multiple staff at same time that the case manager/supports coordinator also reports that time using their own code: T1016, T1017, H0039, H0036, H2022, or H2021. It should be noted that only one staff person can attend an IPOS in the behavioral health case management role. In their role providing services and supports planning, Adult Peer Specialists and Recovery Coaches will report H0032 with their appropriate, respective modifiers. Youth Peer Support Specialists will report H0038 with the TJ modifier and Parent Support Partners S5111 with the HM modifier.
Scenarios in which two services cannot be reported together

- Supports Intensity Scale (SIS) Assessment. Per the Michigan SIS Implementation manual Community Living Support aides may bill concurrently if they are providing a CLS service at the same time as the SIS assessment. Case management/Supports Coordination may not be billed concurrently. These staff should account for their time as indirect/pre-planning activity, but they cannot report a CM/SC Service during the same time as attending the SIS assessment.

- Case managers and supports coordinators cannot report their time spent accompanying a consumer to a medical visit as this activity is not part of the case management function. The CM/SC’s time should be accounted for as indirect time.

- Case managers and supports coordinators cannot report their time spent accompanying a consumer to a psychological evaluation or medication review as this activity is not part of the case management function. The CM/SC’s time should be accounted for as indirect time.
Scenarios in which two services cannot be reported together

- CMHSPs cannot report encounters for services such as home-based, mental health therapy, case management that are provided at the same time the consumer is attending Individualized Educational Plan (IEP).

- CLS aides cannot report Community Living Support services during a person-centered planning meeting unless they are providing Community Living Support during this time. Community Living Support service does not include the function of service and supports planning. The aide’s time should be accounted for as indirect time.
Thank you!

• Questions