
Medicaid Documentation Guidelines for Case Managers

Michigan School Based Services
Medicaid Program

What are DCM Services?

Designated Case Management (DCM) services are services furnished to assist individuals in gaining access to needed medical, social, educational or other services.

- The Designated Case Manager:
 - Identifies and addresses special health problems that affect the student's ability to learn.
 - Assists the student in gaining and coordinating access to a broad range of medically necessary services covered under the Medicaid Program.
 - Ensures that the student receives effective and timely services appropriate to their needs.
- An integral part of all case management activities is the ongoing monitoring and coordination of health related and educational services (not academics) in the IEP.

DCM is Covered Only When

- There are other Medicaid-covered services in the IEP/IFSP (OT, PT, Speech, Social Work, Nursing, and Orientation and Mobility).
- The Medicaid-covered service is listed in the IEP as a direct service. Consult services are not covered by Medicaid.
- Provided by the person responsible for the implementation of the IEP/IFSP.

Do Not Bill DCM When

- Activities are related to the direct provision of academic assessments, classroom instruction or support (your teaching time).
 - Look at the focus of the activity. If it is purely academic, then you would not bill for DCM.
- You are not the person responsible for the implementation of the IEP/IFSP.

Covered Services

Case Management services include:

- Assuring that standard re-examination and follow-up of the beneficiary are conducted on a periodic basis to ensure that the beneficiary receives needed diagnosis and treatment;
- Assisting families in identifying and choosing the most appropriate providers of care and services, scheduling appointments, and helping families maintain contact with providers;
- Follow-up to ensure that the beneficiary receives needed diagnostic and treatment services;
- Assuring that case records are maintained and indicate all contacts with, or on behalf of, a beneficiary in the same manner as other covered services;
- Coordinating school based services and treatment with parents and the child;
- Monitoring and recommending a plan of action;
- Coordinating performance of evaluations, assessments, and other services that the beneficiary needs;
- Facilitating and participating in the development, review, modification and evaluation of the multi-disciplinary team treatment plan;
- Activities that support linking and coordinating needed health services for the beneficiary;
- Provide summary of provider, parent and student health and behavioral consultation; and
- Coordinating with staff/health professionals to establish continuum of health and behavioral services in the school setting

Billable Activity Examples

<p>Assure re-examination and follow-up of student are conducted:</p> <ul style="list-style-type: none"> • Coordinating transition planning meetings • Contacting service providers regarding student's IEP progress • Coordinating meetings to discuss plan of care progress and all related preparation 	<p>IEP/IFSP development and review:</p> <ul style="list-style-type: none"> • Scheduling IEP/IFSP (sending out IEP invites) • Gathering documents necessary for IEP/IFSP • Collaborating with service providers to develop IEP goals/objectives • Developing IEP • Attending IEP/IFSP meeting
<p>Assist families in identifying and choosing providers of care and maintaining contact:</p> <ul style="list-style-type: none"> • Linking parents with providers (providing contact information, scheduling appointments) • Assist families with questions re: providers and available services 	<p>Linking and coordinating health services for student:</p> <ul style="list-style-type: none"> • Making referrals and scheduling appointments for needed services (vision/hearing screens, etc) • Completing forms or reports requested by student's physician • Communicating with other agencies regarding services (FIA, outside therapy agencies, etc)
<p>Follow-up to ensure student receives diagnostic and treatment services:</p> <ul style="list-style-type: none"> • Discussing student progress with service providers • Reviewing IEP to ensure services are being provided as specified in the IEP • Reviewing IEP to determine progress in goal areas • Setting up therapy schedule for student (OT, PT, speech, etc.) 	<p>Coordinating school based services with parents/guardian:</p> <ul style="list-style-type: none"> • Communicating with student's family about IEP goals/services • Scheduling conference times with parents and service providers • Attending conferences with student's family to review IEP progress
<p>Assure case records are maintained:</p> <ul style="list-style-type: none"> • Reviewing, organizing and updating student files/CA-60s • Updating and collecting student health forms • Updating student contact information • Reviewing psychology reports 	<p>Monitoring and recommending a plan of action:</p> <ul style="list-style-type: none"> • Coordinating behavior intervention meetings with team members • Making necessary arrangements or adjustments if there are any changes in the needs or status of the student
<p>Coordinate performance of evals, assessments, and other services:</p> <ul style="list-style-type: none"> • Coordinating and scheduling REED/MET • Notifying participants of meeting (phone calls, letters, email) • Gathering documents necessary for assessment or referrals 	<p>Provide summary of provider, parent, and student consultation:</p> <ul style="list-style-type: none"> • Identifying the student's needs and completing related documentation
<p>Coordinating with other professionals in the school setting to establish a continuum of health and behavioral services:</p> <ul style="list-style-type: none"> • Coordinating services with principals and counselors 	

Non-billable Activity Examples

Academics are not billable

- Helping student study for test
- Talking with Science teacher about class project
- Reminding student to return library books
- Notes home to parents about academics
- Following up with general education teachers regarding academic progress

MDCH Guidelines

SECTION 10 – DOCUMENTATION

- **10.1 FEE FOR SERVICE DOCUMENTATION**
- For covered services, the school clinical record must include all of the following:
 - ☐ Beneficiary name and birth date;
 - ☐ Date of service/treatment;
 - ☐ Type (modality) of service/treatment;
 - ☐ The response to the service/treatment; and
 - ☐ The name and title of the person providing the service/treatment and a dated signature.
- Progress notes must be written monthly, or more frequently as appropriate, and must include:
 - ☐ Evaluation of progress;
 - ☐ Changes in medical or mental status; and
 - ☐ Changes in treatment with rationale for change.

Record Retention

- All Medicaid documentation must be maintained for a minimum of 7 years from the date of service.

Service Logs

- Service logs must be sufficiently detailed to allow for reconstruction of what transpired for each service. This should include:
 - The service/activity provided
 - Specific outcome/result of service
 - Next steps (if any)
- Keep in mind – an audit can go back 7 years and you want enough information to describe what you did (be specific).

Monthly Progress Notes

- Are REQUIRED for all months for which services are reported.
- The monthly note:
 - Should summarize the case management services reported for the month.
 - Indicate student's progress from an entire IEP perspective (do not include specific academic details - 80% of math goals, etc).
 - Include any changes in medical or mental status and changes in treatment plans with rationale for change.
- "Student is making progress" is not sufficient detail.

Please Note

- It is important that billing is done correctly.
 - Please keep the following information in mind:
 - Monthly Summaries alone do not generate revenue
 - Designated Case Management logs alone do not generate revenue
 - Both must be logged
 - **Service logs + Monthly note = Complete billing**

Documentation Examples

Example 1:			
Date	Service Type/Comments	Medical Areas	Progress
9/8/2011	<u>Designated Case Management T2023</u> Reviewed students file and IEP to determine services for the new year – student is receiving OT and speech.	DCM - Follow-up to ensure student receives diagnostic and treatment services	Not Applicable
9/9/2011	<u>Designated Case Management T2023</u> Made contact with speech and OT regarding student’s services and schedule – therapy will be on Tuesdays.	DCM - Follow-up to ensure student receives diagnostic and treatment services	Not Applicable
9/12/2011	<u>Designated Case Management</u> Prepared and distributed accommodations sheets to help ensure student success.	DCM - Follow-up to ensure student receives diagnostic and treatment services	Not Applicable
9/30/2011 (last school day of month)	<u>Monthly Progress Note</u> Met with service providers to discuss the student’s needs and schedules for the upcoming school year. IEP reviewed and accommodations distributed. Student is off to a good start.	_____	Slight Progress

Documentation Examples

Example 2:			
Date	Service Type/Comments	Medical Areas	Progress
10/7/2011	<u>Designated Case Management T2023</u> Met with behavioral specialist, social worker and other teachers regarding behaviors student is exhibiting. A behavior plan is being recommended. Parents contacted and informed of situation.	DCM – Monitoring and recommending a plan of action	Not Applicable
10/20/2011	<u>Designated Case Management T2023</u> Developed behavior plan with IEP team to address recent behavior issues. Implementation to begin next Monday.	DCM – Monitoring and recommending a plan of action	Not Applicable
10/21/2011	<u>Designated Case Management</u> Meeting with principal, counselor and parents to discuss events that led to suspension today. Student is expected to return to school next week.	DCM – Coordinating school based services with parents/guardian	Not Applicable
10/31/2011 (last school day of month)	<u>Monthly Progress Note</u> Student has been struggling with behavior issues this month. One particular incident led to suspension. A behavior plan has been implemented. Progress will be monitored.	_____	No Progress

Documentation Examples

Example 3:			
Date	Service Type/Comments	Medical Areas	Progress
11/1/2011	<u>Designated Case Management T2023</u> Reviewed IEP goals to determine student's progress in preparation for conferences. Emailed service providers about open progress reports and need to input data for reports.	DCM – Follow-up to ensure student receives diagnostic and treatment services	Not Applicable
11/2/2011	<u>Designated Case Management T2023</u> Contacted parents to discuss possible dates for conferences. Parents requested a phone conference for November 10 th .	DCM – Coordinating school based services with parents/guardian	Not Applicable
11/10/2011	<u>Designated Case Management</u> Met with OT and speech provider to discuss student progress to report during phone conference with parents.	DCM – Follow-up to ensure student receives diagnostic and treatment services	Not Applicable
	<u>Designated Case Management</u> Phone conference with parents to review IEP goals and objectives. Parents are pleased with services and progress.	DCM – Coordinating school based services with parents/guardian	Not Applicable
11/30/2011 (last school day of month)	<u>Monthly Progress Note</u> Student has been struggling with behavior issues this month. One particular incident led to suspension. A behavior plan has been implemented. Progress will be monitored.	_____	Moderate Progress