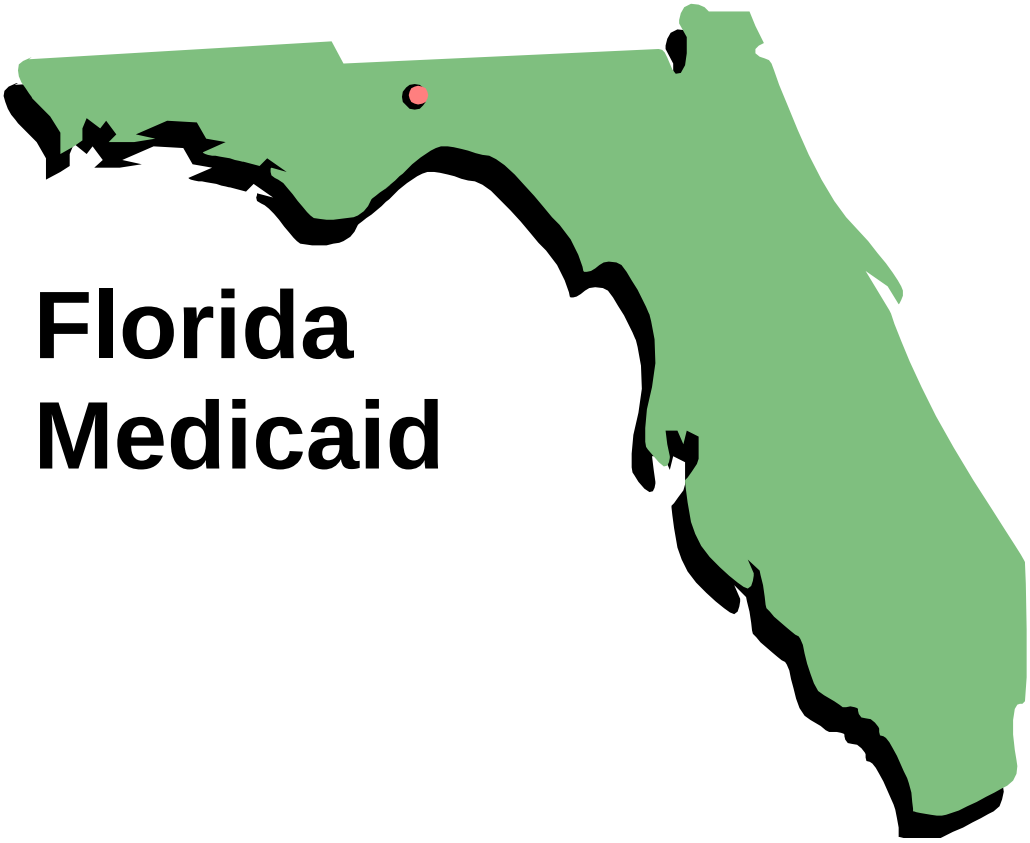

TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN AT RISK OF ABUSE AND NEGLECT COVERAGE AND LIMITATIONS HANDBOOK

Agency for Health Care Administration
May 2014

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN AT RISK OF ABUSE AND NEGLECT COVERAGE AND LIMITATIONS HANDBOOK UPDATE LOG

How to Use the Update Log

Introduction

The update log provides a history of the handbook updates. Each Florida Medicaid handbook contains an update log.

Obtaining the Handbook Update

When a handbook is updated, the Medicaid provider will be notified. The notification instructs the provider to obtain the updated handbook from the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Provider Handbooks.

Medicaid providers who are unable to obtain an updated handbook from the Web site may request a paper copy from the Medicaid fiscal agent's Provider Services Contact Center at 1-800-289-7799.

Explanation of the Update Log

Providers can use the update log below to determine if updates to the handbook have been received.

Update describes the change that was made.

Effective Date is the date that the update is effective.

UPDATE	EFFECTIVE DATE
New Handbook	May 2014

TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN AT RISK OF ABUSE AND NEGLECT COVERAGE AND LIMITATIONS HANDBOOK TABLE OF CONTENTS

Chapter and Topic **Page**

INTRODUCTION TO THE HANDBOOK

Overview

Introduction

This chapter outlines the three types of Florida Medicaid policy handbooks that all enrolled providers must comply with in order to obtain reimbursement. This chapter also describes the format used for the handbooks and instructs the reader how to use the handbooks.

Background

There are three types of Florida Medicaid handbooks:

- Provider General Handbook describes the Florida Medicaid program.
- Coverage and limitations handbooks explain covered services, their limits, who is eligible to receive them, and any corresponding fee schedules. Fee schedules can be incorporated within the handbook or separately.
- Reimbursement handbooks describe how to complete and file claims for reimbursement from Medicaid.

The current Florida Medicaid provider handbooks are posted on the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Provider Handbooks.

Federal and State Authority

The following federal and state laws govern Florida Medicaid:

- Title XIX of the Social Security Act
- Title 42 of the Code of Federal Regulations
- Chapter 409, Florida Statutes
- Rule Division 59G, Florida Administrative Code

In This Chapter

This chapter contains:

Handbook Use

Purpose	The purpose of the Medicaid handbooks is to educate the Medicaid provider about policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients. The handbooks provide descriptions and instructions on how and when to complete forms, letters, or other documentation.
Provider	Term used to describe any entity, facility, person, or group who is enrolled in the Medicaid program and provides services to Medicaid recipients and bills Medicaid for services.
Recipient	Term used to describe an individual enrolled in Florida Medicaid.
Provider General Handbook	Information that applies to all providers regarding the Florida Medicaid program, recipient eligibility, provider enrollment, fraud and abuse policy, and important resources are included in the Florida Medicaid Provider General Handbook.
Coverage and Limitations Handbook	Each coverage and limitations handbook is named for the service it describes. A provider who renders more than one type of Medicaid service will have more than one coverage and limitations handbook with which they must comply.
Reimbursement Handbook	Most reimbursement handbooks are named for the type of claim form submitted.

Characteristics of the Handbook

Format	The format of the handbook represents a reader-friendly way of displaying material.
Label	Labels are located in the left margin of each information block. They identify the content of the block in order to help scanning and locating information quickly.
Information Block	Information blocks replace the traditional paragraph and may consist of one or more paragraphs about a portion of the subject. Blocks are separated by horizontal lines. Each block is identified or named with a label.
Chapter Topics	Each chapter contains a list of topics on the first page, which serves as a table of contents for the chapter, listing the subjects and the page number where the subject can be found.
Note	Note is used to refer the reader to other important documents or policies contained outside of this handbook.
Page Numbers	Pages are numbered consecutively within each chapter throughout the handbook. The chapter number appears as the first digit before the page number at the bottom of each page.
White Space	The "white space" found throughout a handbook enhances readability and allows space for writing notes.

Handbook Updates

Update Log	The first page of each handbook will contain the update log. Every update will contain a new updated log page with the most recent update information added to the log. The provider can use the update log to determine if all updates to the current handbook have been received. Each update will be designated by an "Update" and "Effective Date."
Handbook Update Classifications	The Medicaid handbooks will be updated as needed. Updates are classified as either a: • Replacement handbook – Major revisions resulting in a rewrite of the existing handbook, without any underlines and strikethroughs throughout the rulemaking process. • Revised handbook – Minor revisions resulting in modification of the existing handbook identified during the rulemaking process by underlines and strikethroughs.
Handbook Effective Date	The effective date of a handbook is the month and year that will appear on the final published handbook. The provider can check this date to ensure that the material being used is the most current and up to date.
Identifying New Information	New information or information moved from one place to another within the handbook will be identified by an underline on draft versions of the handbook during the development and proposed stages of the rulemaking process (e.g., <u>new information</u>).
Identifying Deleted Information	Deleted information will be identified by a line through the middle of the selected text on draft versions of the handbook during the development and proposed stages of the rulemaking process (e.g., ~~deleted information~~).
Final Published Handbook	The adopted and published version of the handbook will not have underlines (indicating insertions) and text with strikethroughs (indicating deletions).

CHAPTER 1
QUALIFICATIONS, ENROLLMENT, AND REQUIREMENTS

Overview

Introduction

This chapter describes the Florida Medicaid's targeted case management for children at risk of abuse and neglect services, the specific authority regulating these services, and provider qualifications, enrollment, and requirements.

Legal Authority

Targeted case management for children at risk of abuse and neglect services are authorized by section 1915(g) of the Social Security Act; section 409.906, Florida Statutes (F.S.); and Rule 59G-4.310, Florida Administrative Code (F.A.C.).

In This Chapter

This chapter contains:

Purpose and Definitions

Medicaid Provider Handbooks

This handbook is intended for use by targeted case management for children at risk of abuse and neglect providers that render services to eligible Medicaid recipients. It must be used in conjunction with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which contains information about specific procedures for submitting claims for payment, and the Florida Medicaid Provider General Handbook, which describes the Florida Medicaid program.

Note: The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Provider Handbooks. All of the Florida Medicaid provider handbooks are incorporated by reference in Rule Division 59G, F.A.C.

Purpose and Definitions, continued

Children's Services Council (CSC) and Local Government Entity (LGE)	The local taxing authorities that are charged with certifying and reimbursing contracted provider agencies for targeted case management for children at risk of abuse and neglect. CSCs or LGEs submit claims for reimbursement for federal Medicaid funding for these services through the Medicaid fiscal agent.
Target Group	Recipients under the age of 18 years who: • Are Medicaid eligible • Have a parent request services • Are not receiving targeted case management under another program • Meet the certification criteria
Targeted Case Management (TCM)	A set of interrelated activities under which a specific person (case manager) locates, coordinates, and monitors appropriate services for a recipient. The purpose of case management is to assist recipients in the target group to gain access to medical, social, educational, and other services.

Qualifications

Provider Agency Certification	The CSCs and LGEs, in conjunction with the Agency for Health Care Administration (AHCA), determine the TCM for children at risk of abuse and neglect certification criteria. The designated CSC or LGE must approve, certify, and contract with the provider agency for the TCM for the children at risk of abuse and neglect target group. The provider agency will continue to be certified as long as the provider agency continues to maintain its contract with the CSC or LGE and meet the certification criteria. If a provider loses its contract with the CSC or LGE, the provider is no longer eligible to provide services. This will result in termination of enrollment as a TCM provider agency for children at risk of abuse and neglect.

Qualifications, continued

Provider Agency Certification Criteria

The CSC or LGE must ensure a provider agency:

- Is under contract to receive funding from the CSC or LGE for 100% of the cost of providing TCM to the target population.
- Is knowledgeable of and in compliance with state and federal statutes, rules, and policies that pertain to this service and the target population.
- Is able to administer case management services to the target population as evidenced by sufficient numbers of managerial staff and TCM supervisors and case managers for children at risk of abuse and neglect.
- Is a community-based provider agency with a demonstrated capability to serve this target population.
- Has the financial management capacity and system to provide documentation of costs.
- Has established linkages with the local network of human services providers, schools, and other resources in the service area.
- Has a quality improvement program with written policies and procedures, which include an active case management peer review process and ongoing recipient and family satisfaction surveys.
- Has established pre-service and in-service training programs that promote the knowledge, skills, and competency of all case managers.
- Has an established credentialing process that will assess and validate the qualifications of all case managers and supervisors of case managers.
- Has the capacity to provide supervision by a qualified practitioner.
- Maintains documentation and programmatic records that include clearly identified TCM for children at risk of abuse and neglect certifications for eligibility, assessments, service plans, and service documentation.
- Cooperates with and participates in monitoring conducted by AHCA and the CSC or LGE.

Supervisor Certification

Case manager supervisors must be certified by the provider agency upon initial enrollment for the target group the supervisor will serve. The provider agency must maintain the Case Manager Supervisor Certification, found in the appendices.

Qualifications, continued

Supervisor Certification Criteria

A TCM supervisor:

- Is employed by or under contract with a provider agency that has been certified by a CSC or LGE as qualified to provide case management services to the target population.
- Has a minimum of one of the following:
  - Bachelor's degree in a human services field and two years of professional experience working with children who have been or are at risk of being abused, neglected, or abandoned.
  - Bachelor's degree and five years of professional experience working with children who have been or are at risk of being abused, neglected, or abandoned.
  - Master's degree in a human services field and one year of professional experience working with children who have been or are at risk of being abused, neglected, or abandoned.
- Has completed all required training and any other training, including periodic retraining.
- Has completed the mandated reporter training that addresses abuse and neglect as outlined in section 39.201, F.S.
- Is enrolled, prior to providing supervision, as a Medicaid-approved case manager.
- Has knowledge of the resources, specific to the identified service area, that are available for children who have been or are at risk of being abused, neglected, or abandoned.
- Is knowledgeable of and in compliance with state and federal statutes, and rules and policies that pertain to this service and target population.

Case Manager Qualifications

Case managers must be certified by the contracted provider agency prior to rendering services. The provider agency must maintain the Case Manager Certification, found in the appendices of this handbook, for each individual case manager on file.

Qualifications, continued

Case Manager Certification Criteria

A case manager:

- Is employed by or under contract with a provider agency that has been certified by the CSC or LGE as qualified to provide case management services to the target population.
- Has a minimum of high school diploma or GED with at least one year of experience working with children who have been or are at risk of being abused, neglected, or abandoned.
- Has successfully completed the required CSC-approved training and any other required training, including periodic retraining within required timeframes.
- Has completed the mandated reporter training that addresses abuse and neglect as outlined in section 39.201, F.S.
- Has knowledge of the resources, specific to the identified service area, that are available for children who have been or are at risk of being abused, neglected, or abandoned.
- Is knowledgeable of and complying with state and federal statutes, and rules and policies that pertain to this service and target population.
- Is certified by the certified provider agency as meeting these requirements.

Enrollment

Provider Types

CSCs or LGEs that contract with provider agencies for TCM for children at risk of abuse and neglect must enroll as a Case Management Agency group provider (provider type 91).

Each TCM supervisor must enroll as a Social Worker/Case Manager (provider type 32) and be listed as a member of the CSC's or LGE's provider group with the Medicaid fiscal agent.

Process

The CSC or LGE must complete the following certifications found in the appendices of this handbook, for enrollment and submit to the Medicaid fiscal agent:

- Contractor Certification for Children's Services Council
- Provider Agency Certification for Children's Services Council

This certification must also be completed for the contracted provider agencies' case manager supervisors.

Enrollment, continued

Effective Enrollment Date

The effective date of enrollment is the date the provider application is received by the Medicaid fiscal agent.

The CSC or LGE should not bill Medicaid until it receives confirmation from the Medicaid fiscal agent that it is enrolled in Medicaid, has received its Medicaid provider number, and has received confirmation of the effective date of the enrollment.

Providers cannot bill for dates of service prior to the effective date of enrollment.

Supervisor

To be eligible to enroll as a TCM supervisor for children at risk of abuse and neglect, an individual must be employed by or under contract with a Medicaid-enrolled and certified TCM provider agency for children at risk of abuse and neglect and have completed the Case Manager Superviser Certification, found in the appendices of this handbook.

Requirements

Introduction

In addition to the general provider requirements and responsibilities that are contained in the Florida Medicaid Provider General Handbook, the contracted CSCs or LGEs and provider agencies are also responsible for complying with the provisions contained in this section.

CSC or LGE

The CSC or LGE is responsible for the following:

- Approving the provider agency's TCM training curriculum.
- Being knowledgeable of and complying with state and federal statutes, rules, and policies that pertain to the use of public funds as matching funds under the Medicaid program.
- Having the financial management capacity and system to provide documentation of costs and annual completion of the Certification of Funds, found in the appendices.
- Contracting with local agencies to provide case management services to the target population.
- Having developed policies and procedures to monitor agencies and ensure compliance with regulations, policies, and standards in this handbook.
- Verifying and certifying that contracted agencies:
  - Have demonstrated experience and capacity to serve this target population.
  - Have sufficient administrative capacity to monitor agencies and ensure compliance with regulations, policies, and standards in this handbook.
  - Have established linkages with the local network of human services providers, schools, and other resources in the service area.

Requirements, continued

CSC or LGE, continued

- Have a quality improvement program with written policies and procedures that include an active case management peer review process and ongoing recipient and family satisfaction surveys.
- Have established pre- and in-service training programs that promote the knowledge, skills, and competency of all case managers.
- Have an established credentialing process that will assess and validate the qualifications of all case managers and supervisors.
- Have the capacity to provide supervision by a qualified practitioner.

- Maintaining documentation and records that include clearly identified TCM certifications for eligibility, assessments, service plans, and service documentation.
- Monitoring that contracted agencies maintain record of the targeted case manager's completion of the approved curriculum (within 45 days of hire) in the individual employee's file.
- Cooperating with and participating in monitoring conducted by AHCA.
- Reimbursing contracted provider agencies for the full cost of services and certifying these expenditures to Medicaid quarterly.
- Informing the Medicaid fiscal agent when they want to add a TCM supervisor's individual number to the CSC's or LGE's group number.
- Informing the Medicaid fiscal agent when a TCM supervisor is no longer employed by or no longer functions as a TCM supervisor for a contracted provider agency. This information must include the exact date that the TCM supervisor ends employment or ceases to function as a TCM supervisor.
- Submitting claims to the Medicaid fiscal agent for reimbursement of federal funds.

Provider Agency

The TCM provider agency is responsible for the following:

- Enrolling and certifying case manager supervisors as Medicaid providers.
- Certifying individual targeted case managers.
- Certifying that participating children meet all the required criteria to receive appropriate services. Notifying the CSC or LGE when it wishes to add a TCM supervisor to the provider agency's group.
- Notifying the CSC or LGE when a TCM supervisor is no longer employed by or no longer functions as a TCM supervisor for their provider agency. This information must include the exact date that the TCM supervisor ends employment or ceases to function as a TCM supervisor.
- Not submitting claims to the CSC or LGE using the provider number of the TCM supervisor who has left its employment.
- Not submitting claims to the CSC or LGE for TCM services rendered by individual targeted case managers who fail to complete the training requirement within the prescribed time frame.
- Requesting that the Medicaid fiscal agent disenroll a TCM supervisor who has not met the training requirements within the specific timeframe.

Requirements, continued

Training

Targeted case managers and case manager supervisors must participate in case management training approved by the CSC and LGE.

New employees who are individual targeted case managers and case manager supervisors must complete their provider agency's CSC or LGE approved training programs that promote the knowledge, skills, and competency of all case managers.

Individual targeted case managers must complete the following training:

- At least 24 hours of training within the first 45 days of hire.
- A total of 20 hours of additional training within the first 12 months of hire, and per 12-month period thereafter.

Training Components

The training must address the following components:

- The core elements of case management:
  - Assessment
  - Service plan development
  - Linking and coordination of service
  - Service plan review and follow-up
  - Monitoring of services
  - Service documentation
- Relevant topic areas:
  - Community resources with emphasis on the development of natural support systems
  - Benefits and entitlement programs
  - Use and purpose of assessment tools
  - How to work with families
  - Confidentiality
  - Information regarding the ramifications of abuse and neglect
  - Issues identified by the provider's quality improvement program
  - Child development milestones
  - Cultural competency

Providers Contracted with Medicaid Health Plans

The service-specific Medicaid coverage and limitations handbooks provide the minimum requirements for all providers. This includes providers who contract with Florida Medicaid health plans (e.g., provider service networks and health maintenance organizations). Providers shall comply with all of the requirements outlined in this handbook, unless otherwise specified in their contract with the health plan. The provision of services to recipients enrolled in a Medicaid health plan shall not be subject to more stringent criteria or limits than specified in this handbook.

CHAPTER 2
COVERED, LIMITED, AND EXCLUDED SERVICES

Overview

Introduction

This chapter provides service coverage, limitations, and exclusions information. It also describes who can provide and receive services, as well as any applicable service requirements.

In This Chapter

This chapter contains:

Coverage Information

Medical Necessity

Medicaid reimburses services that are determined medically necessary and do not duplicate another provider's service.

Rule 59G-1.010 (166), Florida Administrative Code (F.A.C.) defines "medically necessary" or "medical necessity" as follows:

"[T]he medical or allied care, goods, or services furnished or ordered must:

(a) Meet the following conditions:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs.
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.
4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide.
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider."

"(c) The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services, does not, in itself, make such care, goods or services medically necessary or a covered service."

Coverage Information, continued

Exceptions to the Limits (Special Services) Process

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d(a).

Services for recipients under the age of 21 years in excess of limitations described within this handbook or the associated fee schedule may be approved, if medically necessary, through the process described in the Florida Medicaid Provider General Handbook.

Covered Services

Targeted case management (TCM) services for children at risk of abuse and neglect include:

- Collecting all assessment data.
- Developing an individualized plan of care.
- Coordinating needed services and providers.
- Making home visits and collateral contacts as needed.
- Maintaining client case records.
- Monitoring and evaluating client progress and service effectiveness.

Case Load Ratio

The maximum average case load ratio for services is 25 recipients per one targeted case manager.

Who Can Receive Services

To receive services, a recipient must be:

- Medicaid eligible on the date of service.
- Certified as meeting the eligibility criteria for TCM for children at risk of abuse and neglect. The eligibility criteria are on the Child Certification, found in the appendices.

Services will be provided only in Florida counties where a recipient's services council or local government entity exists that funds these services. Currently, this includes the following counties: Broward, Duval, Hillsborough, Martin, Miami-Dade, Palm Beach, and Pinellas.

Recipient Certification

The provider must complete the Child Certification, found in the appendices, within 30 days of a recipient's initial receipt of a covered service. The certification must be signed and dated by the targeted case manager and case manager supervisor and filed in the recipient's case record.

Coverage Information, continued

Ongoing Eligibility and Re-Certification

The provider is responsible for ensuring ongoing eligibility. Justification of eligibility must be documented in the recipient's case record. If circumstances change and the recipient no longer meets eligibility criteria, Medicaid will no longer reimburse for services.

Who Must Provide

Services must be provided by case managers who are employed by a Medicaid-enrolled provider agency and who are certified to provide services to children at risk of abuse and neglect.

The case manager must be supervised by a certified, Medicaid-enrolled case manager supervisor.

Single Case Manager per Recipient

A recipient may have only one targeted case manager at a time. An exception is made when the recipient's regular case manager is unavailable. The reason for the substitution must be documented in the record.

Monthly Service Requirements

The case manager must meet the following monthly service requirements:

- A home visit that includes a face-to-face meeting with the recipient. The home visit is for the purpose of assessing the child and family's progress toward the achievement of goals and objectives, which specifically pertain to the recipient's needs and stability in the living environment and are stated in the service plan.
- A verbal (i.e., telephonic or face-to-face) or written contact with at least one provider who is rendering services to the recipient or the recipient's family as related to assisting the recipient toward achievement of identified needs. This contact is for the purpose of determining whether the recipient and the recipient's family are responding to services and if the services are appropriate and rendered at the correct level of intensity.
- A second face-to-face visit with the recipient, which may occur in the home or in the setting in which the child spends the most time. The case manager must observe the recipient and assess whether or not the level of functioning has remained unchanged, improved, deteriorated, or stabilized.
- The case manager must complete or obtain at least one of the following:
  - A satisfaction survey from the recipient and the recipient's family.
  - A current status summary that includes descriptions of functional issues, behavior problems, or developmental concerns. The summary is developed by gathering information from various service providers, teachers, family members or caretakers, and other significant individuals involved in the recipient's life.
  - A comprehensive summary statement, which depicts the recipient's progress toward the achievement of established goals and objectives and addresses the status of the recipient's stability within the identified living environment.

Coverage Information, continued

Supervision	Case manager supervisors must provide a minimum of four hours of monthly supervision to each individual targeted case manager. Each supervisor must keep an ongoing log documenting the supervision of each case manager. The log must contain at a minimum the amount of supervision, and start and end times of the supervision, the case manager's name, and the signature of the case manager supervisor.

Assessment

Introduction	Each TCM recipient must receive a thorough assessment, which will serve as the basis for the development of the recipient's service plan. The assessment is a holistic review of the recipient's emotional, social, behavioral, and developmental functioning within the home, school, work, and community. The assessment must be updated annually.
Who Must Provide	The recipient's targeted case manager or the program's intake specialist or screener must conduct the assessment.
Timeframe for Development	The assessment must be completed within 45 days from when the recipient receives a covered TCM service for children at risk of abuse and neglect. If a recipient has an existing written assessment, it must be no more than 90 days old. The recipient's case manager must document in the case record, within 30 days from when the recipient's intake for services is completed, that the assessment has been reviewed and deemed current.
Information Sources	The assessment must include information obtained from the following sources: • The recipient. • The provider agency or individual who referred the recipient for TCM for children at risk of abuse and neglect. • The recipient's family and friends, with appropriate consent. • Other agencies that are providing services to the recipient. • The school district (for recipients who are still attending school). • Previous treating providers, including inpatient and outpatient treatment (if information cannot be obtained, the targeted case manager must provide written justification in the recipient's case record).

Assessment, continued

Components

The assessment must include all of the following components:

- Presenting problem(s) and history (including recipient's assessment of the situation)
- Psychosocial history
- Caregiver's history and current patterns of behavior
- Recipient's current patterns of behavior
- Recipient's current and potential strengths
- Resources available through the recipient's natural support system
- Recipient's school placement, adjustment, and progress (if applicable)
- Recipient's relationship with family and significant others
- Identification and effectiveness of services currently being provided
- Assessment of the recipient's need for the following services:
  - Mental health or substance abuse services
  - Medical and dental services
  - Family support and family education
  - Education or vocational or job training
  - Housing, food, clothing, or transportation
  - Legal assistance
  - Development of environmental supports through support groups, peer groups, activities, community services, friends, landlords, and employers
  - Assistance with establishing financial resources

Assessment Documentation Requirements

The following assessment documentation requirements must be met:

- The assessment must be an identifiable document in the recipient's case record. Supporting documentation (e.g., copies of findings, evaluations, and discharge summaries) gathered to complete the assessment must be filed in the recipient's case record.
- The assessment must be reviewed, signed, and dated by the case manager's supervisor prior to the completion of the service plan.

Service Plan

Introduction

Recipients must have an individualized service plan written by their targeted case manager.

The service plan must include the long-term desired outcomes for the recipient and must outline the comprehensive strategy for assisting the recipient in achieving these outcomes.

Service Plan, continued

Requirements	The service plan must: • Be an identifiable document. • Be developed within 90 days from when the recipient receives a covered TCM service for children at risk of abuse and neglect. • Be developed in partnership with the recipient and the recipient's parent, guardian, or legal custodian (if applicable). • Describe the recipient's service needs and the activities that the targeted case manager will undertake on behalf of the recipient. • Contain measurable goals and objectives derived from the recipient's assessment. • Have identified timeframes for achievement of goals. • Include the name of the individual or provider agency responsible for providing the specific assistance or services (if identified). • Be signed and dated by the recipient and the recipient's parent, guardian or legal guardian, the recipient's targeted case manager (must include title), and the TCM supervisor (must include title). • Be retained in the recipient's case record.
Copies	Copies of the service plan must be provided to the recipient, the recipient's parent, guardian, or legal guardian, and, with the recipient's or the legal guardian's consent, to other service providers involved in the development or implementation of the service plan.
Service Plan Review	The service plan review is a process conducted to ensure that services, goals, and objectives continue to be appropriate to the recipient's needs and to assess the recipient's progress and continued need for TCM services. The recipient's eligibility for continued TCM services must be re-evaluated during the service plan review. The activities, discussion, and review process must be clearly documented. The recipient, the recipient's parent, guardian or legal guardian, the targeted case manager, and the TCM supervisor must sign and date the service plan review.
Frequency of Review	The service plan must be reviewed and revised no less frequently than every six months. Documentation of the service plan review must be recorded in the recipient's case record.

Documentation Requirements

Introduction

In addition to the general Medicaid record keeping requirements, the documentation requirements described in this section apply to all TCM services for children at risk of abuse and neglect.

Note: For general Medicaid record keeping requirements, see the Florida Medicaid Provider General Handbook.

Recipient Case Record

The recipient's case record must contain the recipient's certification, parental consents (for recipients under age 18 years), assessment, service plan, service plan review(s), documentation of home visits, documentation of monthly case management services, and the service documentation described below.

Electronic records are permissible. Medicaid providers must have electronic records policies that address the technical safeguards required by Title 45, Code of Federal Regulations (CFR), section 164.312, where applicable.

Note: For more information about electronic records, see the Florida Medicaid Provider General Handbook.

Case Notes

The case manager's case notes must include the following information for each TCM activity:

- Case manager's name, signature, title, and date. Photocopied signatures, stamped signatures, computer generated signatures, or signatures of anyone other than the person rendering the service are not acceptable. Computer generated and/or electronic signatures are acceptable, provided the provider agency has electronic records policies that comply with the 45 CFR 164.312.
- Recipient's name.
- Service provided.
- Date of the service.
- Start time and end time of the service.
- Location of the service.
- Updates when the recipient changes residence, experiences a significant change that impacts the recipient's life and support system, changes custody, or changes educational placement.
- Detailed case notes that:
  - Clearly reflect how the case manager's efforts are linked to the services and goals in the recipient's service plan and include references to the service plan's objectives.
  - Describe the recipient's progress or lack of progress relative to the service plan goals.
- If a substitute case manager provided the service, explain the circumstances requiring the provision of services by a substitute case manager.

Documentation Requirements, continued

Documentation Reviews	The provider must submit files for retrospective reviews upon request to the children's services council (CSC), local government entity (LGE), the Agency for Health Care Administration or its designee.

Excluded Services

Unpaid Interns or Volunteers	Medicaid will not reimburse for services rendered by unpaid interns or volunteers.
Direct Service Provision	Medicaid will not reimburse TCM for the provision of direct therapeutic medical or clinical services (e.g., checking blood pressure, measuring height and weight, or providing psychotherapy).
Administrative Functions	Medicaid will not reimburse TCM for administrative functions (e.g., checking recipient eligibility or clerical duties, Title IV-E eligibility determination and redetermination, Medicaid eligibility determination and redetermination, or Medicaid outreach).
Duplicate Services	Medicaid will not reimburse: • Duplicate payments for the same services through another funding source. • Services that overlap with or are duplicative of TCM services provided to the recipient by the same provider agency or by any other provider agency. (All Medicaid case managers associated with a recipient must coordinate with each other to ensure non-duplication of services.)
Observation	For a targeted case manager simply being present and not performing actual service or required activity during a face-to-face therapeutic activity with the recipient.
Transportation	Medicaid will not reimburse TCM provider agencies for transporting recipients. Note: For more information on transportation to Medicaid-covered services, see the Non-Emergency Transportation Services Coverage and Limitations Handbook.

Excluded Services, continued

Incomplete Assessment or Service Plan	Medicaid will not reimburse TCM provided to a recipient who does not have a written assessment and current service plan.
No Recipient Contact	Medicaid will not reimburse for TCM for unsuccessful attempts to contact the recipient, e.g., a home visit when the recipient is not at home, a phone call when the recipient does not answer, or leaving a message on voice mail, e-mail, or an answering machine.
Travel	Medicaid will not reimburse for the case manager's travel time to and from a place of recipient service.

CHAPTER 3
REIMBURSEMENT AND FEE SCHEDULE

Overview

Introduction

This chapter describes reimbursement and fee schedule information for targeted case management (TCM) services for children at risk of abuse and neglect.

In This Chapter

This chapter contains:

Reimbursement Information

Procedure Codes

The procedure codes listed in this handbook are Healthcare Common Procedure Coding System (HCPCS) Level II, which is a part of a nationally standardized code set. Level II of the HCPCS is a standardized coding system used primarily to identify products, supplies, and services not included in the CPT codes. HCPCS Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter (A – V) followed by four numeric digits. Please refer to the current HCPCS Level II Expert code book for complete descriptions of the standard codes. The HCPCS Level II Expert© code book is copyrighted by Ingenix, Inc. All rights reserved.

Reimbursement or Limitations

Medicaid reimburses TCM for children at risk of abuse and neglect a maximum of one unit of service per recipient per month, up to a maximum of 12 units of service, per recipient, per year.

One Claim Submission per Date of Service

In order for children's services councils (CSCs) or local government entities (LGEs) to receive reimbursement for the federal match, the TCM provider agency must prepare no more than one claim per month, per eligible recipient. The provider agency must submit these claims to the CSC or LGE for processing.

The CSC or LGE must reimburse the provider in full.

How to Read the Fee Schedule

Procedure Code	The code on the Procedure Codes and Fee Schedule, found in the appendices, that corresponds to the TCM for children at risk of abuse and neglect target group.
Modifier	For certain types of services, a two-digit modifier must be entered on the claim form. Modifiers more fully describe the procedure performed so that accurate payment may be determined.
Description of Service	Describes the service to be reimbursed.
Maximum Fee	Maximum amount that Medicaid will reimburse for the procedure code, per unit of service.
Maximum Units	Maximum number of units that Medicaid reimburses per recipient, per date of service.

APPENDIX A

PROCEDURE CODES AND FEE SCHEDULE

PROCEDURE CODES AND FEE SCHEDULE

Children at Risk of Abuse and Neglect				
Procedure Code	**Modifier**	**Description of Service**	**Maximum Fee**	**Maximum Units**
T2023	HA	Targeted case management for children at risk of abuse and neglect	$407.60 per unit	1 per month

APPENDIX B

CONTRACTOR CERTIFICATION FOR CHILDREN'S SERVICES COUNCIL

CONTRACTOR CERTIFICATION FOR CHILDREN'S SERVICES COUNCIL

Provider Agency Name: _____

Provider Agency Address: _____

_____

Phone Number: ( ) _____ Medicaid Provider #: _____

Is hereby approved and certified as a children's services council or local government entity to contract for targeted case management services for children at risk of abuse and neglect and meets all of the following requirements:

(1) Is a children's services council or local government entity with authority to raise and contract public dollars that are eligible for use as matching funds under the Medicaid program.
(2) Knowledgeable of and in compliance with state and federal statutes, rules, and policies that pertain to use of public funds as match under the Medicaid program and have the financial management capacity and system to provide documentation of costs.
(3) Able to contract with local agencies to provide case management services to the target population as evidenced by sufficient administrative capacity to monitor agencies and ensure compliance with regulations, policies, and standards in this handbook.
(4) Agrees to enroll in Medicaid as a case management group provider, with contracted agencies' case manager supervisors comprising the group membership.
(5) Certification that contracted agencies have demonstrated experience and capacity to serve this target population.
(6) Certification that contracted agencies have established linkages with the local network of human services providers, schools, and other resources in the service area.
(7) Certification that contracted agencies have a quality improvement program with written policies and procedures, which include an active case management peer review process and ongoing recipient and family satisfaction surveys.
(8) Certification that contracted agencies have established pre-service and in-service training programs that promote the knowledge, skills, and competency of all case managers.
(9) Certification that contracted agencies have an established credentialing process, which will assess and validate the qualifications of all case managers and supervisors of case managers.
(10) Certification that contracted agencies have the capacity to provide supervision by a qualified practitioner.
(11) Certification that contracted agencies maintain documentation and programmatic records that include clearly identified targeted case management certifications for eligibility, assessments, service plans, and service documentation.
(12) Cooperation and participation in monitoring conducted by the Agency for Health Care Administration or its designee.
(13) Agreement to reimburse contracted agencies 100% of the fee for targeted case management for children at risk of abuse and neglect.
(14) Certification of eligible expenditures to Medicaid and submission of claims through the Medicaid fiscal agent for reimbursement of the federal financial participation share.

_____ _____

Children's Services Council or Local Government Entity Authorized Representative — Date

Name of County: _____

AHCA Form 5000-3535, revised May 2014 (incorporated by reference in Rule 59G-4.310, F.A.C.)

APPENDIX C

CASE MANAGER SUPERVISOR CERTIFICATION

CASE MANAGER SUPERVISOR CERTIFICATION

Case Manager Supervisor: _____

Provider Agency Name: _____

Provider Agency Address: _____

Phone Number: ( ) _____ Medicaid Provider #: _____

Is hereby certified as having met the requirements for the supervision of, or the provision of, targeted case management services for children at risk of abuse and neglect. This individual case manager supervisor:

(1) Is employed by or under contract with a provider agency that has been certified by a children's services council or local government entity as qualified to provide supervision for case management services to the target population.
(2) Has a minimum of one of the following:
  (a) Bachelor's degree in a human services field and two years of professional experience working with children who have been or are at risk of being abused, neglected, or abandoned.
  (b) Bachelor's degree and five years of professional experience working with children who have been or are at risk of being abused, neglected, or abandoned.
  (c) Master's degree in a human services field and one year of professional experience working with children who have been or are at risk of being abused, neglected, or abandoned.
(3) Agrees to complete all required training and any other training including periodic retraining.
(4) Has completed the mandated reporter training that addresses abuse and neglect.
(5) Will be enrolled, prior to providing supervision, as a Medicaid approved social worker/case manager.
(6) Is knowledgeable of the resources, specific to the identified service area, that are available for children who are abused, neglected, or abandoned or are at risk for abuse, neglect, or abandonment.
(7) Is knowledgeable of and in compliance with the state and federal statutes, rules, and policies that pertain to this service and target population.
(8) Is hereby certified by the certified provider agency as meeting these requirements.

_____ _____
Targeted Case Management Provider Agency Administrator Date

_____ _____
Children's Services Council or Local Government Entity Authorized Representative Date

Name of County: _____

AHCA Form 5000-3536, revised May 2014 (incorporated by reference in Rule 59G-4.310, F.A.C.)

APPENDIX D

CASE MANAGER CERTIFICATION

CASE MANAGER CERTIFICATION

Case Manager: _____

Provider Agency Name: _____

Provider Agency Address: _____

Phone Number: ( ) _____ Medicaid Provider #: _____

Is hereby certified as having met the requirements for the provision of targeted case management services for children at risk of abuse and neglect. This individual case manager:

(1) Is employed by or under contract with a provider agency that has been certified by a children's services council or local government entity as qualified to provide case management services to the target population.
(2) Has a minimum of a high school degree, or equivalent, with a minimum of one year of experience working with children who have been abused, neglected, or abandoned, or are at risk of abuse, neglect, or abandonment.
(3) Agrees to complete all required training and any other training including periodic retraining.
(4) Has completed the mandated reporter training that addresses abuse and neglect.
(5) Is knowledgeable of the resources, specific to the identified service area, that are available for children who are abused, neglected, or abandoned or are at risk for abuse, neglect, or abandonment.
(6) Is knowledgeable of and in compliance with the state and federal statutes, rules, and policies that pertain to this service and target population.
(7) Is certified by the certified provider agency as meeting these requirements.

_____ _____
Case Manager Supervisor Date

_____ _____
Targeted Case Manager Provider Agency Administrator Date

AHCA Form 5000-3537, revised May 2014 (incorporated by reference in Rule 59G-4.310, F.A.C.)

APPENDIX E

CHILD CERTIFICATION

CHILD CERTIFICATION

Child's Name _____

Is hereby certified to meet one of the following targeted case management services for children at risk of abuse and neglect criteria:

(1) Is or has been determined to present at least two of the following seven risk factors in the last 12 months:
   (a) Child of a parent who is unable to meet the child's basic needs (access to food, clothing, transportation).
   (b) Child of a parent who has inadequate income or housing.
   (c) Child of a parent who is socially isolated or has limited natural supports.
   (d) Child who is a witness to domestic violence.
   (e) Child of a parent with a history of mental illness requiring treatment or hospitalization.
   (f) Child of a mother who, upon knowledge of pregnancy, used tobacco, alcohol, or drugs.
   (g) Child of a mother who received little to no prenatal care (less than five visits).

(2) Is the child of a parent who is or has been a victim of domestic violence.

(3) Is the child of a parent suffering from mental health concerns, post-partum depression, or substance abuse problems.

(4) Is the subject of a report of abuse and neglect made to the Department of Children and Families that did not result in a court order into foster care, shelter care, or protective supervision.

_____ _____
Case Manager Date

_____ _____
Case Manager Supervisor Date

Form must be filed in the recipient's case record.

AHCA Form 5000-3538, revised May 2014 (incorporated by reference in Rule 59G-4.310, F.A.C.)

APPENDIX F

PROVIDER AGENCY CERTIFICATION FOR CHILDREN'S SERVICES COUNCIL

PROVIDER AGENCY CERTIFICATION FOR CHILDREN'S SERVICES COUNCIL

Provider Agency Name: _____

Case Manager Supervisor: _____

Provider Agency Address: _____

Phone Number: ( ) _____ Medicaid Provider #: _____

Is hereby approved and certified by either a designated children's services council (CSC) or local government entity (LGE) to contract for targeted case management for children at risk of abuse and neglect services. The CSC or LGE will accept applications from any provider agency that meets the certification criteria.

The agency provider:

(1) Is under contract to receive funding from the CSC or LGE for 100 percent of the cost of providing targeted case management services to the target population.
(2) Is knowledgeable of and in compliance with state and federal statutes, rules, and policies that pertain to this service and the target population.
(3) Is able to administer case management services to the target population as evidenced by sufficient numbers of managerial staff and targeted case manager supervisors and case managers for children at risk of abuse and neglect.
(4) Is a community-based provider agency with a demonstrated capability to serve this target population.
(5) Has the financial management capacity and system to provide documentation of costs.
(6) Has established linkages with the local network of human services providers, schools, and other resources in the service area.
(7) Has a quality improvement program with written policies and procedures, which include an active case management peer review process and ongoing recipient and family satisfaction surveys.
(8) Has established pre-service and in-service training programs that promote the knowledge, skills, and competency of all case managers.
(9) Has an established credentialing process that will assess and validate the qualifications of all case managers and supervisors of case managers.
(10) Has the capacity to provide supervision by a qualified practitioner.
(11) Maintains documentation and programmatic records that include clearly identified targeted case management for children at risk of abuse and neglect certifications for eligibility, assessments, service plans and service documentation.
(12) Cooperates with and participates in monitoring conducted by the Agency for Health Care Administration or its designee and the CSC or LGE.

_____ _____

Children's Services Council or Local Government Entity Authorized Representative — Date

Name of County: _____

AHCA Form 5000-3539, revised May 2014 (incorporated by reference in Rule 59G-4.310, F.A.C.)

APPENDIX G

CERTIFICATION OF FUNDS

CERTIFICATION OF FUNDS

This is to certify that local funds declared below represent expenditures for targeted case management services for children at risk of abuse and neglect services, for which Medicaid federal financial participation (FFP) would be available under the Florida State Medicaid Plan. I certify that these funds represent eligible expenditures for Medicaid FFP and that these funds are not federal funds. I have reviewed the Florida State Medicaid Plan, the certification of funds submitted herewith and, to the best of my knowledge and belief:

(1) All costs included in this certification of funds to establish the local funds expended on programs that include targeted case management for children at risk of abuse and neglect services for _____ period of (insert the beginning and ending dates of the fiscal year being certified) are allowable in accordance with the requirements of OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments," and the federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the Florida State Medicaid Plan.

(2) All costs included in this certification of funds are properly allocable to federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the awards to which they are allocated in accordance with applicable requirements.

I declare that the foregoing is true and correct.

Local Governmental Unit: _____
Name of Children's Services Council or Local Government Entity

Total funds expended on programs that include targeted case management for children at risk of abuse and neglect services $_____

Signature: _____

Name of Official: _____

Title: _____

Date of Execution: _____

AHCA Form 5000-3532, revised May 2014 (incorporated by reference in Rule 59G-4.310, F.A.C.)