

TO: All Local District Commissioners, Medicaid Directors, Care at Home Coordinators

FROM: Gregory Allen, Director
Division of Program Development and Management

SUBJECT: Care at Home III, IV and VI Case Management Billing

EFFECTIVE DATE: Immediately

CONTACT PERSON: OPWDD - Lynda Baum-Jakubiak - Statewide CAH Coordinator
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The purpose of this GIS is to reiterate and clarify documentation requirements and billing procedures for case management services for the Care at Home (CAH) III, IV and VI Waiver Programs.

Case management providers must properly document all case management services in order to bill Medicaid for the services provided. Insufficient documentation may result in the voiding of claims submitted for payment.

Documentation of Case Management Services

A separate case record must be established for each case management client and must document each case management activity provided. The case record should reflect progress toward the individual's case management goals and objectives and the tasks necessary to accomplish these objectives. All case management activities should be documented in chronological order.

Each case record must, at a minimum, contain the following information:

- name of child; parents/guardian; and any other individuals involved;
- name of the case manager;
- date of service;
- place of service;
- nature of service - e.g., - a statement of how the service supports and/or advances the child or family in a particular task, objective or goal described in the case management plan, including referring or arranging for other services;
- amount of time spent on the contact - **Providers MUST record the actual time** (e.g., 10:05am - 10:07am). **NOTE** - If travel is required, travel time must be listed separately.

Billing for Case Management Services

All case management services are billed in units of 15-minute intervals at a rate determined by the NYS Department of Health and approved by the NYS Division of the Budget. The number of units should be calculated as follows:

1 unit	= from 5 minutes to 15 minutes
2 units	= from 16 minutes to 30 minutes
3 units	= from 31 minutes to 45 minutes
4 units	= from 46 minutes to 60 minutes, etc.

A unit represents actual time spent performing billable case management activities. These activities must be documented in the CAH client's record.

If multiple case management activities are performed in a single day on behalf of a child or family, the case manager should aggregate the total number of minutes spent on the case on that particular day. **Providers MUST record the actual time** (e.g., 10:05am to 10:07am).

The Comprehensive Medicaid Case Management (CMCM) manual outlines the functions and activities provided by case managers to or on behalf of the CAH client.

Billable Case Management Activities

Billable case management activities are those activities provided by case managers directly to or on behalf of a CAH client who has freely accepted services and have been authorized to provide case management services. These activities include:

- intake and screening;
- assessments and reassessments;
- case management planning and coordination;
- implementation of the case management plan;
- monitoring and follow-up of case management services;
- crisis intervention;
- counseling and exit planning;
- case management services for clients who are expected to be hospitalized for less than 30 days;
- escorting clients to providers, if necessary, to help them negotiate and obtain services;

Non-Billable Case Management Activities

Non-billable case management activities are those activities essential to the provision of case management services that are funded indirectly through the administrative component of the Medicaid case management rate and may not be billed separately. These activities include:

- case recording, completion of progress notes or other administrative reports, including monthly site visit reports;
- training and conferences;
- supervisory conferences - unless the discussion relates specifically to an individual client and the purpose of the contact is to move the case along;
- administrative inter-agency networking and community resource development;
- intake and screening of clients who do not accept services;
- case management activities for temporary hospitalizations or institutional care over 30 days;
- completion and review of billing forms;
- activities that are considered administrative in nature - e.g., filing.

Case Management Activities that are neither Billable nor Fundable

There are also activities that are neither billable nor fundable within the case management rate. These activities include:

- determining Medicaid eligibility;
- outreach to non-eligible populations;
- counseling - e.g. employment, drug and/or alcohol;
- client travel expenses;
- child care expenses;
- nursing supervision;
- any activity which constitutes or is part of another Medicaid or non-Medicaid service.

Special Note on Voicemail, Email and Fax

Time spent by a case manager talking on the telephone and/or composing correspondence to a child's parent, physician, nursing agency, school etc., is billable if the activity is for the purpose of obtaining services for the client and advancing the case. **Providers MUST record the actual time** (e.g., 10:05am to 10:07am).

Time spent composing an email **may** be considered billable time, as would time spent talking on the telephone or typing a letter. **Providers MUST record the actual time** (e.g., 10:05am to 10:07am). If multiple emails are sent or read in a single day on behalf of a child or family, the case manager should aggregate the total number of minutes for that particular day. If the aggregate total is 5 minutes or more, the services would be billable.

Time spent leaving and/or retrieving a voicemail **may** be considered billable time. Most telephone messages are 10 to 30 seconds in length. **Providers MUST record the actual time** (e.g., 10:05am to 10:07am). If indeed the message was longer or multiple voicemail messages are left in a single day, the length of time could be added into the day's aggregate. If the aggregate total is 5 minutes or more, the services would be billable.

Time spent in drafting a document which is to be faxed **may** be considered billable time. **Providers MUST record the actual time** (e.g., 10:05am to 10:07am). If the aggregate total is 5 minutes or more, the service would be billable.

All case management agencies providing services to CAH III, IV and VI clients must adhere to these requirements in order to bill Medicaid for those services.

Any questions can be directed to Lynda Baum-Jakubiak, Statewide CAH Coordinator at 518-474-6466.