



# Florida Medicaid

## Targeted Case Management Services Coverage Policy

---

**Agency for Health Care Administration**

---



## Table of Contents

---

<b>1.0</b>	<b>Introduction .....</b>	<b>1</b>
1.1	Description.....	1
1.2	Legal Authority.....	1
1.3	Definitions .....	1
<b>2.0</b>	<b>Eligible Recipient .....</b>	<b>2</b>
2.1	General Criteria .....	2
2.2	Who Can Receive.....	2
2.3	Coinsurance and Copayments .....	2
<b>3.0</b>	<b>Eligible Provider .....</b>	<b>2</b>
3.1	General Criteria .....	2
3.2	Who Can Provide .....	2
<b>4.0</b>	<b>Coverage Information .....</b>	<b>3</b>
4.1	General Criteria .....	3
4.2	Specific Criteria .....	4
4.3	Early and Periodic Screening, Diagnosis, and Treatment.....	5
<b>5.0</b>	<b>Exclusion .....</b>	<b>5</b>
5.1	General Non-Covered Criteria.....	5
5.2	Specific Non-Covered Criteria .....	5
<b>6.0</b>	<b>Documentation .....</b>	<b>5</b>
6.1	General Criteria .....	5
6.2	Specific Criteria .....	5
<b>7.0</b>	<b>Authorization .....</b>	<b>6</b>
7.1	General Criteria .....	6
7.2	Specific Criteria .....	6
<b>8.0</b>	<b>Reimbursement .....</b>	<b>6</b>
8.1	General Criteria .....	6
8.2	Specific Criteria .....	6
8.3	Claim Type.....	6
8.4	Billing Code, Modifier, and Billing Unit .....	6
8.5	Diagnosis Code .....	6
8.6	Rate .....	6

## 1.0 Introduction

### 1.1 Description

Florida Medicaid targeted case management (TCM) services are provided to recipients, who meet the criteria for inclusion in targeted populations identified in this coverage policy, in facilitating access to behavioral health, medical, social, and other supportive services in the community.

#### 1.1.1 Florida Medicaid Policies

This policy is intended for use by providers that render TCM services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

#### 1.1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

The Florida Medicaid Statewide Managed Care (SMMC) program does not cover TCM services for the following target populations:

- Children at-risk of abuse and neglect
- Early steps
- Medical foster care

### 1.2 Legal Authority

Targeted case management services are authorized by the following:

- Title XIX, section 1915(g)(1)(2) of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), sections 440.169 and 441.18 (42 CFR 440.169 and 441.18)
- Section 409.906, Florida Statutes (F.S.)
- Rule 59G-4.199, F.A.C.

### 1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

#### 1.3.1 Assessment/Reassessment

Comprehensive examination of a recipient to determine service needs.

#### 1.3.2 Children's Services Council (CSC)

An appointed council with taxing authority responsible for coordinating services, collecting data, and certifying and reimbursing contracted provider agencies that provide TCM for children at-risk of abuse and neglect.

#### 1.3.3 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

**1.3.4 Coverage and Limitations Handbook or Coverage Policy**

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

**1.3.5 General Policies**

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

**1.3.6 Local Government Entity (LGE)**

A local independent taxing authority responsible for certifying and reimbursing contracted provider agencies that provide TCM for children at-risk of abuse and neglect.

**1.3.7 Medically Necessary/Medical Necessity**

As defined in Rule 59G-1.010, F.A.C.

**1.3.8 Provider**

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

**1.3.9 Recipient**

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

**2.0 Eligible Recipient**

**2.1 General Criteria**

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

**2.2 Who Can Receive**

Florida Medicaid recipients under the age of 21 years requiring medically necessary TCM services. Some services may be subject to additional coverage criteria as specified in section 4.0.

**2.3 Coinsurance and Copayments**

There is no Florida Medicaid coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's General Policies on copayment and coinsurance.

**3.0 Eligible Provider**

**3.1 General Criteria**

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid TCM services.

**3.2 Who Can Provide**

Services must be provided by a targeted case management agency that has a system to provide documentation of costs, and established linkages with the local network of human services providers and other resources in the service area.

**3.2.1 Behavioral Health TCM**

Services must be rendered by a TCM supervisor or case manager who has been certified by the Florida Certification Board as a Certified Case Manager Supervisor (CCMS) or a Certified Case Manager (CCM), respectively.

Case managers must be supervised by a TCM supervisor.

### **3.2.2 Children At-Risk of Abuse and Neglect TCM**

Services must be provided by a targeted case management agency contracted with a Florida Medicaid-enrolled CSC or LGE, and rendered by one of the following:

- Targeted case manager supervisor who meets one of the following:
  - Bachelor's degree from an accredited university or college in psychology, social work, health education, child development, special education, interdisciplinary sociology, or criminal justice 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 from an accredited university or college and five years of professional experience working with children who have been or at risk of being abused, neglected, or abandoned.
  - Master's degree from an accredited university or college in psychology, social work, health education, child development, special education, interdisciplinary sociology, or criminal justice and one year of professional experience working with children who have been or are at risk of being abused, neglected, or abandoned.
- Case managers who meet both of the following:
  - 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
  - Successfully completed the required CSC-approved training and any other required training, including periodic retraining within required timeframes

Case managers must be supervised by a TCM supervisor.

### **3.2.3 Early Steps TCM**

Services must be provided by an early steps local program agency, and rendered by a case manager who is contracted with, or employed by, an early steps program group provider, and who meets one of the following:

- Bachelor's degree from an accredited university or college in a field related to psychology, social work, health education, early childhood, child development, special education, or interdisciplinary sociology.
- Bachelor's degree from an accredited university or college with three years of documented experience in case management, early intervention, or counseling of special needs or developmentally-delayed populations.
- Licensed registered nurse, with three years of documented experience in case management or counseling of special needs or developmentally-delayed populations.

### **3.2.4 Medical Foster Care TCM**

Services must be provided by a case manager who meets one of the following:

- Bachelor's degree from an accredited university with emphasis in the areas of psychology, social work, health education, or interdisciplinary sociology
- Licensed registered nurse

## **4.0 Coverage Information**

### **4.1 General Criteria**

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

## 4.2 Specific Criteria

Florida Medicaid covers the following services in accordance with 42 CFR 440.169, the applicable Florida Medicaid fee schedule, or as specified in this policy:

- Case managers must perform an annual assessment for each recipient to serve as the basis for the development of the recipient's service plan and to provide a comprehensive review of the recipient's emotional, social, behavioral, and developmental functioning within the home, school, work, and community. Case managers must review the assessment semiannually.
- Case managers must monitor, document, and follow-up with each recipient to ensure compliance with his or her service plan, and take action, as appropriate.
- Case managers must ensure that recipients have referrals to providers to receive necessary services.
- Case managers must prepare an individualized service plan for each recipient, including the following:
  - The long-term desired outcomes for the recipient
  - The comprehensive strategy to assist the recipient achieve the outcomes

### 4.2.1 Behavioral Health TCM

Florida Medicaid covers up to 344 units per month, per recipient with a mental health or substance use disorder(s), who requires services to coordinate consistent health care access and improve his or her health care outcomes.

### 4.2.2 Children at-Risk of Abuse and Neglect TCM

Florida Medicaid covers one unit per month, per recipient under the age of 18 years, residing in Broward, Duval, Hillsborough, Martin, Miami-Dade, Palm Beach, or Pinellas County, and who presents at least two of the following risk factors in the previous 12 months:

- Has a mother who:
  - Used tobacco, alcohol, or drugs during pregnancy
  - Received little to no prenatal care (less than five visits) and who:
    - Is, or has been, a victim of domestic violence
    - Suffers from mental health concerns, post-partum depression, or substance use-related disorders
- Has a parent that:
  - Is unable to meet the recipient's basic needs (access to food, clothing, and transportation)
  - Has inadequate income or housing
  - Is socially isolated or has limited natural support
  - Is the subject of a report of abuse and neglect disclosed to the Department of Children and Families not resulting in court ordered foster care, shelter care, or protective supervision
  - Has a history of mental illness requiring treatment or hospitalization
- Witnessed domestic violence

### 4.2.3 Medical Foster Care TCM

Florida Medicaid covers up to 32 units per day, per recipient receiving medical foster care services.

### 4.2.4 Early Steps TCM

Florida Medicaid covers up to 32 units per day, per recipient under the age of three years, who:

- Has an assessment from an early steps provider that recommends TCM services
- Receives services from the CMS Early Steps program

#### **4.3 Early and Periodic Screening, Diagnosis, and Treatment**

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 SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's General Policies on authorization requirements.

### **5.0 Exclusion**

#### **5.1 General Non-Covered Criteria**

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

#### **5.2 Specific Non-Covered Criteria**

Florida Medicaid does not cover the following as part of this service benefit:

- Administrative activities or tasks, including:
  - Assistance with Florida Medicaid eligibility determinations and redeterminations
  - Completing documents for reimbursement purposes
- Direct therapeutic medical or clinical services
- Incomplete assessments or service plans
- Observation
- Services for children at-risk of abuse and neglect who reside outside of Broward, Duval, Hillsborough, Martin, Miami-Dade, Palm Beach, and Pinellas counties
- Services provided by more than one case manager to the same recipient on the same day
- Services rendered by unpaid interns or volunteers
- Services rendered to recipients enrolled in a home and community-based services waiver, or residing in a nursing facility or an intermediate care facility for individuals with intellectual disabilities
- Travel, including time traveling to and from a recipient's place of service
- Unsuccessful recipient contacts

### **6.0 Documentation**

#### **6.1 General Criteria**

For information on general documentation requirements, please refer to Florida Medicaid's General Policies on recordkeeping and documentation.

#### **6.2 Specific Criteria**

Providers must maintain documentation in the recipient's file in accordance with 42 CFR 440.169, including all of the following:

- Assessments completed prior to the development of the service plan
  - Existing written assessments must be reviewed and deemed current by a TCM supervisor within 30 days of the date the recipient first presented for services
- Completed service plans signed and dated within 45 days of the initiation of service
- Service plan that must be conducted every six months

The following documents must be completed every 30 days:

- Current Recipient Status Summary: This must include functional issues, behavior problems, or developmental concerns; and information gathered from service providers, teachers, family members, or caretakers
- Comprehensive Summary Statement: This must address the recipient's stability within the identified living environment and depict the recipient's progress toward the achievement of established goals and objectives

## 7.0 Authorization

### 7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's General Policies on authorization requirements.

### 7.2 Specific Criteria

There are no specific authorization criteria for this service.

## 8.0 Reimbursement

### 8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

### 8.2 Specific Criteria

Providers must record the actual time spent with a recipient, when multiple units are provided on the same date of service. Units of service must be rounded up or down to the nearest 15-minute increment, as applicable.

### 8.3 Claim Type

Professional (837P/CMS-1500)

### 8.4 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, incorporated by reference in Rule 59G-4.002, F.A.C.

### 8.5 Diagnosis Code

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

### 8.6 Rate

For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.