



**Guidelines for Children’s Targeted Case Management Services for Behavioral Health and Developmental Disabilities under MaineCare Benefits Manual, Section 13 Emergency Rule effective August 1, 2009.**

1. **Registration/Prior Authorization and Continuing Stay Review:** APS Healthcare has issued directions for registration and continuing stay reviews. Please see: <http://www.qualitycareforme.com>
2. **Fifteen-minute billing guidance.** Please refer to MaineCare Benefits Manual, Section 13.09-1 of the emergency rule.
  - a. All submissions for reimbursement must have an accompanying progress note in the client’s chart including the specific amount of time (number of minutes) spent on the encounter.
  - b. The actual minutes billed for any one case manager in a work day may not exceed the hours that case manager actually worked on that day.
  - c. **Initial encounter:** The first service activity of the day can be counted as one 15 minute Unit of Service if it is a substantive encounter even if it is less than 15 minutes. A substantive encounter is an activity consistent with the guidelines set forth for covered services in paragraph 6 below. A subsequent encounter for the day is not required.
  - d. **Second and subsequent encounters:** Case managers must total the amount of time of covered service for each client during a day and determine the amount of billable units for the client. The time for second and subsequent encounters are added together. The following sets forth allowable billable units per number of minutes of service per client per day for second and subsequent encounters:

Units	Time
1	Greater than or equal to 7.5 minutes but less than 23 minutes.
2	Greater than or equal to 23 minutes, but less than 38 minutes
3	Greater than or equal to 38 minutes, but less than 53 minutes
4	Greater than or equal to 53 minutes, but less than 68 minutes
5	Greater than or equal to 68 minutes, but less than 83 minutes
6	Greater than or equal to 83 minutes, but less than 98 minutes
7	Greater than or equal to 98 minutes, but less than 113 minutes
8	Greater than or equal to 113 minutes, but less than 128 minutes

3. **Client eligibility, covered services, duration of care, non-covered services, limitations, documentation and staffing qualification requirements are specified in the current MaineCare Benefits Manual, Section 13, emergency rule.** <http://www.maine.gov/dhhs/oms/rules/emergency.html>

4. **Change of case management providers.** Providers may bill for covered services rendered to clients during a month and need not wait until the following month to start billing as Children's Case Management is billed on the quarter hour
5. **Eligibility for birth through five (5) years of age-at risk.** A qualified professional approved by the Department for purposes of Sections 13.03-3 A (2) (a) and B (3) (a) to determine at risk includes the professionals listed at Section 13.07-2 B.3. The professional may, but need not necessarily be employed by the case management provider agency. Tools to determine at risk include MaineCare accepted diagnostic tools such as the DSM IVTR or DC 0-3R. As with all services, a reimbursable code is required by MaineCare (please see: [http://www.maine.gov/dhhs/oms/providerfiles/billing\\_instructions.html](http://www.maine.gov/dhhs/oms/providerfiles/billing_instructions.html). ) For example, a DSM-IVTR, V61.21 Physical Abuse of Child or 313.9 Disorder of Infancy, Childhood or Adolescence may be indicated by a child's pediatrician or a Licensed Clinical Social Worker. Case managers who are not qualified professionals can not determine "at risk" for eligibility or MaineCare reimbursement purposes. The case management file must include documentation from the professional specifically indicating that the child is at risk of developing a mental health or pervasive developmental disorder and the appropriate code.

Targeted Case Managers trained in administration of certain tools may be qualified professionals to administer the PECFAS, Ages and Stages and Ages and Stages Social Emotional, to indicate impairment or limitation under Sections 13.03 A(2)(b) and B(3)(b). A significant impairment or limitation may in the alternative be described in documentation from the qualified professionals set forth above and need not include the PECFAS or Ages and Stages.

6. **Covered Services that are Billable Activities include reviews as required, face-to-face contacts, telephone, written or electronic communications and documentation for covered services as set forth in the current MaineCare Benefits Manual, Section 13, emergency rule.**
  - a. Billable contacts may be with the child, family, youth, and/or collaterals, including other service providers within the same agency.
  - b. Only one staff person's time is reimbursable for any specific covered service activity. A supervisor or another case manager covering for the client's case manager can bill as long as the person is qualified to deliver case management services and no other case manager is billing for the same encounters.
  - c. Written electronic communication (email) and leaving voice messages are allowable as case management functions in limited circumstances. These functions are not to become the predominant means of providing case management services and require specific documentation as specified below.
  - d. Written electronic communication (email) must be about a specific individual and is allowable as case management, as long as documentation (a paper copy of the email) exists in the case record.
  - e. When voice messages are used, the case manager must have sufficient documentation justifying a case management service was actually provided (e.g. Assessment, Service Planning, Monitoring, or Referral). Leaving a name and

number asking for a return call or brief relaying of information is not sufficient to bill case management and does not count as any portion of a 15 minute billing increment.

- f. When leaving voice messages, a signed document in the client chart granting permission to leave specific information is required.
  - g. Record reviews are reimbursable to the extent that any reviews are essential to completion of a covered service. Supervisory reviews of charts are not reimbursable.
  - h. Completion of APS Healthcare/CareConnection plans and reviews and discharges/transfers are reimbursable as these are service plans and reviews. The entry of information in Careconnection due to the August 1, 2009 rule is reimbursable.
  - i. Completing Central Enrollment/Referral Forms or Change or Status for Section 24 Habilitation Services and other necessary components in referring to and/or obtaining other services are reimbursable as referral activities.
  - j. Completing Intensive Temporary Residential Treatment (ITRT) Forms is reimbursable as it is a referral activity.
  - k. Targeted Case Management while a child is in the hospital.
    - a. Providers can serve children who are in any hospital and they will be reimbursed the current quarter hour rate for those services when services provided are medically necessary and not duplicative of services provided by the hospital (i.e. discharge planning).
    - b. Submission of the Hospital Notification Form is no longer required for any stays on or after August 1, 2009.
  - l. There is no set maximum amount of time for the completion of any of the reimbursable activities but they must be reasonable and related to the covered service.
7. Face-to-face contact requirements for Children's Targeted Case Management are as follows:
- a. A minimum of one face-to-face contact with the child or youth and family/caregiver is required for each month of the first three months of service. Months of service can be counted by the provider as either a calendar month or as thirty (30) days from the date of the first billed activity. The same method must be used by all of the provider's case managers. This provision may be waived if the minimum is refused by the family or is contraindicated for the child. The waiver must be fully documented in the ISP and include the reason for refusal of contact.
  - b. A minimum of one face-to-face contact with the child or youth and a second face-to-face contact with the child or youth and/or family/caregiver are required during each month of service beyond three months. This provision may be waived if the

minimum is refused by the family or is contraindicated for the child. The waiver must be fully documented in the ISP and include the reason for refusal of contact.

- c. If the provider is determining face contact on a calendar month basis and the case is opened on or after the day that is in the middle of the calendar month, then there should be at least one face-to-face contact with the child, youth and/or family/caregiver prior to the end of the month. This provision may be waived if the minimum is refused by the family or is contraindicated for the child. The waiver must be fully documented in the ISP and include the reason for refusal of contact.
- d. If face-to-face contacts are missed for extenuating circumstances, such as child, youth, family or caregiver illness, then this should be documented in a progress note.
- e. Case managers should document and work to overcome any barriers to having contacts. Waivers for the face-to-face contact are expected to be rare.

8. Discharge Summary and Plan:

- a. Discharge summary and planning must include that Children's Behavioral Health Services contact information is provided to the youth and/or family or caregiver. This information must include at least specific local contact information as follows:

**Children's Behavioral Health Services**

Please contact the staff in your area for information and questions about any behavioral health needs for a child or youth:

District 1(Formerly Region 1)  
York County  
**Michelle Armstrong**  
822-0243  
1-800-492-0846  
TTY 822-0272

District 2 (Formerly Region 1)  
Cumberland County  
**Lisa Salger**  
822-0249  
1-800-492-0846  
TTY 822-0272

Districts 3, 4 & 5 (Formerly Region 2)  
Kennebec, Somerset, Androscoggin, Franklin, Oxford, Sagadahoc, Knox, Lincoln, and Waldo Counties  
**Lynn Dorso**  
(207)624-5263  
**Jeanne Tondreau**  
(207)624-5365  
1-800-866-1814  
TTY 1-800-606-0215

Districts 6, 7, and 8 (Formerly Region 3)  
Aroostook, Hancock, Penobscot, Piscataquis, and Washington Counties  
**Judy Demerchant**  
493-4135  
1-800-432-7366  
TTY1-800-606-0215

- b. As indicated in the June 30, 2009 updates for Targeted Case Management. The TCM provider may use the Transition/Discharge Form in APS Care connection as the Discharge Summary for TCM to avoid duplication of effort. Please print a copy of the APS form and place it in the client chart.
- c. The APS Transition/Discharge Form in Careconnection must be fully completed for every discharge.