

**ALABAMA DEPARTMENT  
OF  
HUMAN RESOURCES**



**Family Services**

**TARGETED CASE MANAGEMENT**  
***Policy Manual***

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## **INTRODUCTION**

The Targeted Case Management (TCM) program was implemented in 1990 through an agreement between the Alabama Department of Human Resources (DHR) and the Alabama Medicaid Agency (AMA). Federal regulations published by the Centers for Medicare and Medicaid Services (CMS) govern the AMA regulations related to TCM. The agreement with the AMA allows DHR to receive payment from Medicaid for reimbursement of case management time spent in assisting Medicaid eligible children in DHR's custody to gain access to needed medical, educational, social, and other resources. DHR social workers are expected to complete and document one encounter per month, per custodial child.

As a provider of TCM services, DHR must demonstrate the capacity to meet the criteria identified by the Alabama Medicaid Agency. In addition, DHR must have a financial management system that provides documentation of services and costs.

Child specific TCM related activities are considered as "Protected Health Information" (PHI) by the federal Health Insurance Portability and Accountability Act (HIPAA) regulations and are, therefore, subject to protections of all protected health information (PHI) as defined in Departmental HIPAA regulations/requirements.

Over the years, the policies that govern the claiming of various activities have been revised by federal regulations. As a result of changes in federal and state requirements, the policy is as follows.

### **I. TARGET POPULATION**

The target population includes Medicaid-eligible children, age birth to 21 years, in DHR's custody / planning responsibility who are residing in a foster family home, emergency shelter, group home, child care institution, residential care facility, with relatives, or in their own home.

Custody is defined as a temporary or permanent court order placing the child in DHR's custody or a signed Agreement For Foster Care (DHR-FCS-731). TCM services cannot be claimed prior to the custody date or prior to the date the 731 was signed. Also, TCM services cannot be claimed after a child has left DHR custody or after the 731 is no longer in effect.

TCM services cannot be claimed at any time when a child is placed in a total care environment, such as a hospital, psychiatric treatment facility, nursing home, jail, prison, or detention facility.

### **II. CASE MANAGER QUALIFICATIONS**

In order for DHR to receive Medicaid reimbursement for provision of Targeted Case Management (TCM) services for Family Services cases, the case manager must be certified as a Medicaid provider meeting the following criteria.

1. Demonstrated capacity to provide all core elements of case management to include:
  - assessment,
  - ISP case/services plan development,

- service arrangement,
  - social support,
  - reassessment and follow-up, and
  - monitoring
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
  3. Demonstrated experience with the target population.
  4. Provide the administrative capacity to insure quality of services in accordance with state and federal requirements.
  5. Maintain a financial management system that provides documentation of services and costs
  6. Demonstrate the capacity to document and maintain individual case records in accordance with state and federal requirements.
  7. Demonstrated ability to assure a referral process consistent with Section 1902a(23), *of the Social Security Act*; freedom of choice provider.
  8. Demonstrated capacity to meet the case management service needs of the target population.
  9. Provide an approved training program certified by Medicaid to address the needs and problems.
  10. Provide a quality assurance program for case management services approved and certified by Medicaid. The quality assurance program includes records reviews at a minimum of every 6 months.
  11. Fully comply with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Aged Discrimination Act of 1975, and the Americans with Disabilities Act of 1990.
  12. Fully comply with applicable federal and state laws and regulations.

SDHR certifies county social workers/case managers to the Medicaid Agency as meeting the minimum qualifications identified above, in addition to meeting the following minimum qualifications:

1. Holds a Bachelor of Arts or Bachelor of Science degree, preferably in a human services field; and,
2. Is employed by DHR; and,
3. Has completed TCM training and passed a certification test with a score of at least 80 in a case management curriculum approved by the Alabama Medicaid Agency.

Family Services TCM certification is attained by completion of the Medicaid Agency's approved case management course and passing of the certification test provided by a trainer approved by State DHR's Office of Financial Resource Management (OFRM).

NOTE: DHR workers may be exempt from taking the certification test when one of the following circumstances exist:

- The DHR Worker was certified by another Alabama State Agency and has a copy of the Certificate.
- The DHR Worker was certified by another Alabama Agency which required a case management training course and has a copy of the Certificate.

If one of the exemption requirements exists, DHR workers will only be exempt from taking the Certification Test. DHR workers are still required to attend the TCM classroom training on Medicaid's approved material for DHR. Workers will also receive instructions on how to document TCM Encounters for DHR in FACTS.

The certification date for the worker meeting one of the exemption requirements will be updated in FACTS by OFRM for the date the worker attended DHR TCM classroom training.

NOTE: Worker certification status is updated in FACTS by OFRM after a worker has attended training and passed the TCM certification test. Certification status of an employee can be checked in FACTS by accessing Admin>>Staff>>Search. Once the employee is in focus choose the License tab where there will be a License Start Date if the worker has been TCM certified.

Family Services staff who are not TCM certified and have been assigned a program effort code of 29, 53, 68 or 04 will be scheduled by OFRM to attend a Regional TCM training class. It is essential that staff attend a TCM certification class within 60 days of the date hired or when reassigned to work with children in DHR custody or planning responsibility. If a new employee has not yet been scheduled for a class or if a worker's assignment has changed to include contact with foster children, county staff may contact the OFRM 334-353-0959 or (A) 320-0959 to request that the employee be registered for training.

### III. TCM ENCOUNTER

Medicaid reimburses DHR for case management encounters for Medicaid eligible children in the Foster Care Target Group (4). DHR and Medicaid have defined an encounter as a face-to-face or telephone contact with a child or with a collateral on behalf of a child.

A collateral is defined as a child's immediate family and/or guardians (including foster care providers); federal; state or local service agencies; and, local businesses.

There are two types of billable Case Management Services: Direct and Generalized. Direct Services are those performed in the interest of a specific individual. Activities that are made on behalf of a group of individuals and not just a specific person are known as Generalized activities.

Provision of direct services are not considered as a TCM service. The following are examples of direct services that **cannot** be considered as a TCM encounter.

- Research gathering and completion of documentation required by the foster care program.
- Assessing adoption placements.
- Recruiting or interviewing potential foster parents.

- Serving legal papers.
- Home Investigations.
- Providing Transportation. (Arranging for transportation is allowable; however, providing transportation cannot be claimed.)
- Administering foster care subsidies.
- Making placement arrangements.
- Counseling. (Counseling a child about being removed from home is not a TCM encounter; however arranging for needed counseling services can be claimed as a TCM encounter.)

The Alabama Medicaid Agency State Plan allows for reimbursement for one TCM encounter per month, per child in the DHR Foster Care Target Group served under the following circumstances:

- The child does not receive case management services through a home and community based waiver program.
- DHR is designated by the Medicaid Agency as the child's TCM provider through the assignment of a prior authorization (PA) number. Prior authorization is requested by the SDHR, Office of Financial Resources Management. No action is required by the county in regard to PA numbers, except when there is need for an interagency transfer. See Interagency Transfer section X on page 9.
- The encounter is provided by a social worker certified to provide targeted case management for Family Services.
- There is a current case plan (ISP) which identifies the medical, nutritional, social, educational, transportation, housing, and other service needs which have not been adequately met. The case plan should be reassessed/reviewed as needed, but must be reviewed at least at intervals of six months or less. The Medicaid State Plan also requires that the social worker contact the client and the results of these contacts, together with the changes in needs shown in the reassessments, will be utilized to accomplish any needed revisions to the case plan.

#### IV. CORE ELEMENTS OF TCM

Targeted Case Management is composed of six specific functions. These functions are referred to as the core elements of TCM. For documentation and audit purposes, it is important to identify the function/element in the case narrative.

1. **Needs Assessment** – This is a written, comprehensive assessment of the child's strengths and needs, i.e. need for medical, social, educational, or other services. Activities include taking the child's history, identifying the child's needs and completing related documentation, and gather information from other sources such as family members, medical providers, social workers, and educators to form a complete assessment of the child. The following areas must be addressed when relevant:

- A. Identifying information,

- B. Socialization/recreational needs,
  - C. Training needs for community living,
  - D. Vocational needs,
  - E. Physical needs,
  - F. Medical care concerns,
  - G. Social/emotional status,
  - H. Housing/physical environment, and
  - I. Resource analysis and planning.
2. **Case Planning (ISP)** – The social worker/case manager will develop a systematic, client-coordinated plan of care based on information collected through the Assessment process that specifies the goals and actions to address the medical, social, educational, and other services needed by the child. This includes ensuring the active participation of the eligible child and working with the child and/or others to develop such goals and identify a course of action to respond to the assessed needs of the child. The required Medicaid Plan of Care is called the DHR ISP. This process must list the actions required to meet the identified service needs of the child. The plan is developed through a collaborative process involving the child, his family or other support system, and the case manager. The case plan must be completed within the first 30 days of contact with the child. Medicaid requires that the plan to be reviewed at intervals of at least every six months or less. The case plan must identify needs which have not been adequately met and a time frame to reassess service needs.
  3. **Service Arrangement** – Through linkage and advocacy, the social worker/case manager will coordinate contacts between the child with the appropriate persons and/or agencies. These contacts may be face to face, phone calls or electronic communications through calling, visiting and/or emailing these persons or agencies on the child's behalf.
  4. **Social Support** - The social worker/case manager will determine, through interviews with the child and significant others, whether the child possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the case manager will assist the child in expanding or establishing such a network through advocacy and linking the child with appropriate persons, support groups and/or agencies.
  5. **Reassessment and Follow-up** – The case manager will evaluate, through interviews and observations, the progress of the child toward accomplishing the goals listed in the ISP at least every six months but as often as the case situation requires. In addition, the persons and/or agencies providing services to the child will be contacted and the results of these contacts, together with the changes in needs shown in the reassessments, will be utilized to accomplish any needed revision to the case plan. The case manager will ascertain on an ongoing basis:

- Whether services are being furnished in accordance with the ISP;
  - Whether services in the ISP are adequate to meets identified needs of the child; and,
  - Whether there are changes in the needs or status of the child and, if so, making necessary adjustments in the ISP and service arrangements with providers.
6. **Monitoring** – The social worker/case manager make contacts that are necessary to ensure the ISP is effectively implemented and adequately addresses the needs of the individual child. The ISP may require adjustments as a result of monitoring. Contacts may be with the child, family members, providers, or other entities.

## V. DOCUMENTING CHILD TCM ENCOUNTERS IN FACTS

**Overview:** FACTS will automatically bill the first TCM encounter of each month that is entered on the CASE>Narrative Screen for any Medicaid eligible child. Encounters should be entered in the month in which they occur in order to be billed timely; however, if a child is not Medicaid eligible at the time of the encounter, FACTS will hold the encounter in a “pending” status for up to 365 days and bill if retroactive Medicaid eligibility is later found to cover the time the encounter was completed. If a worker does not get the encounter entered timely it must be entered into FACTS as soon as possible. FACTS will eliminate any ineligible encounter such as one for a child who is in a Nursing Home.

### Alerts:

- When a TCM encounter for each foster child in your caseload is not entered in FACTS by the 15th of the current month, you will receive an Alert that the TCM encounter is due.
- When the TCM encounter is not entered in FACTS by the 20th day of the current month, each supervisor will receive an Alert for all encounters that have not been completed by workers under their supervision.
- Completion of the encounter will remove system Alert.

Navigation	Screen and Fields
Case>Client>Client List	Select child, Hit Show
Case>Court>Status>Client Status	The legal Status of the foster child must be shown in FACTS as being in DHR legal custody/responsibility
Tip:	A TCM encounter entered in FACTS will not be billed when DHR does not hold legal custody as indicated on the Legal Status Screen
Case>Narrative Screen	Select the “new” button and then complete the following fields: <ul style="list-style-type: none"> <li>• General Information Grid: Status radial button should indicate a “Completed” TCM encounter.</li> <li>• Contact Method</li> <li>• Contact Location</li> <li>• Date/Time</li> <li>• Status</li> <li>• Clients Discussed (Choose the foster child for whom the TCM encounter will be billed. <b>Tip:</b> if this contact</li> </ul>

	<p>includes more than one child, they can all be added here for the encounter.)</p> <ul style="list-style-type: none"> <li>• Contact Participants: Client/Collateral. (This will be a list of individuals registered in FACTS that are associated with the case.) Select the individual(s) contacted from this list; <b>and/or</b>,</li> <li>• Contact Participants: Non-Client/Non-Collateral Participants. These are individuals not registered in FACTS as associated with the case. You must enter the name/title of whoever was contacted or worked with to complete the TCM encounter.</li> <li>• <b>Purpose: “TCM Encounter” must be selected</b></li> <li>• <b>Contact Type:</b> one or more of the buzz words beginning with TCM must be selected. (i.e.; TCM-Advocating, TCM-Arranging Services, TCM-Assessing etc.)</li> <li>• Comments: Enter narrative documentation for the TCM contact as required by TCM policy.</li> <li>• Click the SAVE button.</li> </ul>
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**Tips:**

- When a foster child enters care **after** the 15th day of the month, a TCM encounter must be completed and entered in FACTS before the last day of the current month.
- A TCM encounter must be entered in FACTS every month for each foster child, regardless of the numbers of days during the month the child was in custody.
- A TCM encounter must be entered in FACTS every month for each foster child that is on runaway status.

**NOTE:** TCM Certification must be entered in FACTS for each social worker. This must be completed by SDHR. Please contact the Office of Financial Resource Management (OFRM) if a county worker does not have a “Type of License” as “TCM Certification” and a “License Start Date” entered on the ADMIN>Staff>License screen in FACTS.

**VI. DOCUMENTATION ON THE OPTIONAL WORKER DAY SHEET (DHR-DFC-1669):**

The Worker Day Sheet is an optional method of noting TCM encounters have been completed. When TCM encounters are noted on the worker day sheet the “Comments” column must indicate the specific core element activity of Needs Assessment, Case Planning, Service Arrangement, Social Support, Reassessment & Follow-up, and Monitoring.

**VII. MEDICAID DOCUMENTATION REQUIREMENTS**

The TCM provider must make available to Medicaid at no charge all information describing services provided to eligible recipients. The provider must also permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of Federal and State agencies.

The TCM provider must maintain complete and accurate medical, psychiatric and fiscal records that fully disclose the extent of the service. The records shall be retained for three years plus the current year to substantiate that the services billed to Medicaid were actually delivered to the Medicaid recipient and to substantiate the charges billed to Medicaid.

However, if audit, litigation, or other legal action by or on behalf of the state or federal government has begun but is not completed at the end of the three year period, the TCM provider must retain the records until resolution.

Record retention for TCM files will remain three years plus the current year. Records for TCM provided through waivers shall be retained for three years during the initial waiver period and five years after renewal of the waivers.

Provider's records must contain the following information:

- Name of recipient
- Dates of service
- Name of provider agency and person providing services
- Nature, extent, or units of services provided
- Place of service

TCM providers must maintain the following documentation in the recipient's record when billing for Foster Children (Target Group 4) and Adult Protective Service Individuals (Target Group 7):

- A current comprehensive service plan that identifies the medical, nutritional, social, educational, transportation, housing and other service needs that have not been adequately accessed
- A time frame to reassess service needs

Services must consist of at least one of the following activities:

- Establishment of a comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of -the recipient
- Assistance for the recipient in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan
- Assessment of the recipient and service providers to determine that the services received are adequate in meeting the identified needs
- Reassessment of the recipient to determine services needed to resolve any crisis situation resulting from changes in the family structure, living conditions, or other events

## **VIII. TCM BILLING PROCESS**

FACTS will automatically select for billing encounters custodial children who were (1) Medicaid eligible during the encounter month, (2) completed by a case manager who was TCM certified at the time the encounter was provided, and (3) have been assigned a Prior Authorization (PA) number. These encounters are then submitted to Hewlett Packard Systems (HP), Medicaid's fiscal intermediary, for reimbursement.

When a worker sees more than one child in a congregate setting and the children are not members of the same family unit (e.g., reassessment of services for several unrelated children in one foster care/residential placement), an encounter may be reported for each child for whom a TCM core element is performed; however, the service provided for each individual child must be documented.

## **IX. TCM SERVICES AND WORK SAMPLING**

TCM services are all of the case management activities which have been approved by the Centers for Medicare and Medicaid Services (CMS) through review of the Department's Cost Allocation Plan and approval of the Medicaid State Plan, to comprise the pool of worker actions related to targeted case management. TCM services include direct health related and non-health related case management functions as well as indirect activities such as staff travel and other tasks necessary for assisting the client in gaining access to services. This pool of worker activities is obtained through work sampling observations and used only for rate setting purposes.

TCM services for children are specified in the Department's Work Sampling Manual as activity code 100 and include both direct and indirect activities.

Indirect activities include staff travel, paperwork, supervisory conferences, and waiting while a client is being seen by a service provider. Direct activities include assessment, development of the treatment/service plan, monitoring and management of the overall service delivery, and providing linkages and referrals to necessary legal, housing and social service providers.

A TCM service involves a broader definition of duties than an encounter which requires a face-to-face or telephone contact with the client or collateral. Not all TCM activities are billed to Medicaid, but all are important for TCM rate setting purposes.

#### **X. PROCEDURES REQUIRED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AND THE ALABAMA MEDICAID AGENCY**

Any staff time for which payment is received must be documented as mandated by federal regulations. The Medicaid Agency and/or CMS auditors may select for review the case records of any worker or any number of workers who have TCM encounters.

DHR must demonstrate (1) that the TCM encounters for which payment is received were performed only by certified case managers for children in the target population; and (2) that records are maintained as required by CMS and the Alabama Medicaid Agency to substantiate that the encounters were actually performed.

Refer to section V. Documenting TCM Encounters for details.

Payment for TCM cannot duplicate payments made to public agencies or private entities under other program authorities for the same purpose. Therefore, case management services may not be reimbursed under both the Rehabilitative Option and the TCM program. The Rehabilitative Option does not include case management as a service. However, the case plan/treatment plan may not be duplicated for reimbursement under both programs for the same client. The prior approval number prevents duplication of case management services to a foster child who may be receiving case management services as a handicapped child.

Reimbursement may not be claimed from both an insurance provider and the Alabama Medicaid Agency. No Medicaid reimbursement may be made to the Department if a client has health insurance which covers targeted case management services.

Although DHR receives payment from Medicaid for working with a targeted group of children, the Department will continue to fulfill its responsibilities to families and children in

need of services regardless of eligibility for Medicaid or other reimbursement for provision of those services.

## **XI. INTERAGENCY TRANSFER**

Medicaid will authorize only one agency at a time as the provider of Targeted Case Management services for each child. Although a child may be receiving services from more than one agency at a time, Medicaid will authorize only one agency to provide TCM services. Among other agencies that may claim the child for TCM billing are the Department(s) of Youth Services, Public Health, and Mental Health/Mental Retardation.

Requests to Medicaid for authorization to provide TCM for children in DHR custody are computer generated from information entered in the FACTS. If another agency has been authorized by Medicaid to provide TCM, the child's caseworker will receive written notification. See sample letter in the Appendix.

Authorization for claiming a child can be transferred from one agency to another when appropriate and when both agencies agree to the transfer. If a child in DHR's legal custody is being claimed for TCM billing purposes by another agency and SDHR or the DHR caseworker believes that the case should be claimed by DHR, the other agency should be contacted and an interagency transfer discussed. If it is mutually agreed between SDHR, the county caseworker and the other agency that DHR should be the authorized TCM services provider, a Case Management Request for Interagency Transfer must be completed and submitted to the Medicaid Agency's claims processing contractor, . Instructions for completing the Interagency Transfer Request will be included in the written notification to the DHR caseworker that another agency has been authorized by Medicaid as the child's TCM provider.

When DHR is the authorized TCM provider and another agency wants to claim the child for billing purposes, the other agency must follow the same procedure (i.e., contact the SDHR Program Specialist and initiate the transfer by using the Request for Interagency Transfer).

See Appendix for sample form and sample transfer letter.

# APPENDIX

## **Desk Guide for Targeted Case Management**

For TCM services, the term case management means services which will assist Medicaid-eligible individuals in gaining access to needed medical, social, educational, and other services. TCM reimbursable case management services includes the following:

Targeted Case Management is composed of six specific functions. These functions are referred to as the core elements of TCM. For documentation and audit purposes, it is important to identify the function/element in the case narrative.

1. **Needs Assessment** – This is a written, comprehensive assessment of the child's strengths and needs, i.e. need for medical, social, educational, or other services. Activities include taking the child's history, identifying the child's needs and completing related documentation, and gather information from other sources such as family members, medical providers, social workers, and educators to form a complete assessment of the child. The following areas must be addressed when relevant:
  - A. Identifying information,
  - B. Socialization/recreational needs,
  - C. Training needs for community living,
  - D. Vocational needs,
  - E. Physical needs,
  - F. Medical care concerns,
  - G. Social/emotional status,
  - H. Housing/physical environment, and
  - I. Resource analysis and planning.
  
2. **Case Planning (ISP)** – The social worker/case manager will develop a systematic, client-coordinated plan of care based on information collected through the Assessment process that specifies the goals and actions to address the medical, social, educational, and other services needed by the child. This includes ensuring the active participation of the eligible child and working with the child and/or others to develop such goals and identify a course of action to respond to the assessed needs of the child. The required Medicaid Plan of Care is called the DHR ISP. This process must list the actions required to meet the identified service needs of the child. The plan is developed through a collaborative process involving the child, his family or other support system, and the case manager. The case plan must be completed within the first 30 days of contact with the child. Medicaid requires that the plan to be reviewed at intervals of at least every six months or less. The case

- plan must identify needs which have not been adequately met and a time frame to reassess service needs.
3. **Service Arrangement** – Through linkage and advocacy, the social worker/case manager will coordinate contacts between the child with the appropriate persons and/or agencies. These contacts may be face to face, phone calls or electronic communications through calling, visiting and/or emailing these persons or agencies on the child’s behalf.
  4. **Social Support** - The social worker/case manager will determine, through interviews with the child and significant others, whether the child possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the case manager will assist the child in expanding or establishing such a network through advocacy and linking the child with appropriate persons, support groups and/or agencies.
  5. **Reassessment and Follow-up** – The case manager will evaluate, through interviews and observations, the progress of the child toward accomplishing the goals listed in the ISP at least every six months but as often as the case situation requires. In addition, the persons and/or agencies providing services to the child will be contacted and the results of these contacts, together with the changes in needs shown in the reassessments, will be utilized to accomplish any needed revision to the case plan. The case manager will ascertain on an ongoing basis:
    - Whether services are being furnished in accordance with the ISP;
    - Whether services in the ISP are adequate to meets identified needs of the child;  
and,
    - Whether there are changes in the needs or status of the child and, if so, making necessary adjustments in the ISP and service arrangements with providers.
  6. **Monitoring** – The social worker/case manager make contacts that are necessary to ensure the ISP is effectively implemented and adequately addresses the needs of the individual child. The ISP may require adjustments as a result of monitoring. Contacts may be with the child, family members, providers, or other entities.

## **SAMPLE LETTER FROM SDHR FOR PA NUMBER DENIAL**

MEMORANDUM

DATE

TO: \_\_\_\_\_, Director  
\_\_\_\_\_ County DHR

ATTENTION: Caseworker's Name

The Medicaid Agency has denied our request for authorization to bill Targeted Case Management (TCM) Services for the above-named child. The denial was issued because he/she is presently receiving TCM Services through another provider. This provider is the \_\_\_\_\_. Since only the child's authorized provider may bill Medicaid for TCM services, any case management activity documented by DHR staff for him/her is not billable.

If DHR holds legal custody of child's name and you believe it would be more appropriate for the child to receive TCM Services through DHR, you must contact the other provider to discuss an interagency transfer. If it is mutually agreed that DHR rather than the other provider should be the authorized TCM Services provider, you must complete Sections 1 and 3 of the Case Management Request For Interagency Transfer. (An example of the form is attached.) Send the completed form by hand-mail to Office of Financial Resource Management, OFRM, Gordon Persons Building, Montgomery, Alabama.

SDHR will complete information regarding the PA number and send the form to the other provider for completion of Section 2. When completed, the form is to be sent to the Medicaid Agency's claims processing contractor, HP Enterprises, 301 Technacenter Drive, Montgomery, Alabama 36117. You will be notified when the transfer has been processed.

Please refer any questions to the Office of Financial Resource Management (OFRM), Gordon Persons Building, Montgomery, Alabama.

AM:

Attachment

Cc: OCWC Consultant

**SAMPLE LETTER FROM SDHR FOR INTERAGENCY TRANSFER**

MEMORANDUM

DATE

TO: \_\_\_\_\_, Director  
\_\_\_\_\_ County DHR

FROM: Alice May, Program Manager  
Office of Financial Resource Management

SUBJECT: Denial of DHR Request to Provide Targeted Case Management Services  
Case #

ATTENTION: Caseworker's Name

The Medicaid Agency has denied our request for authorization to bill Targeted Case Management (TCM) Services for the above named child. The denial was issued because he/she is presently receiving TCM services through *name of other provider*.

Since only the child's authorized provider may bill Medicaid for TCM services, any case management activity documented by DHR staff for him/her is not billable.

If DHR holds legal custody of *child's name* and you believe it would be more appropriate for the child to receive TCM Services through DHR, please contact the Office of Financial Resource Management (OFRM) at (334) 242-9500 to discuss an interagency transfer. If it is mutually agreed that DHR rather than the *other agency* should be the authorized TCM Services provider, OFRM will complete a Case Management Request for Interagency Transfer.

Please let me know if you have questions.

AM:

cc: OCWC Consultant

# CASE MANAGEMENT REQUEST FOR INTERAGENCY TRANSFER

\_\_\_\_\_  
Child Name

\_\_\_\_\_  
Medicaid Number

\_\_\_\_\_  
Current Provider P.A. Number

**Section I**-----

I, \_\_\_\_\_, legal representative of the above named client, currently receiving  
(DHR Supervisor)  
case management services from \_\_\_\_\_ Specify Agency or Mental Health Center ,  
(Name and address of agency)  
request a transfer to \_\_\_\_\_ Department of Human Resources \_\_\_\_\_, for continuation of case management services.  
(Name of Address of Agency)  
My signature below will indicate my request for a transfer of Prior Authorization Number records to the receiving agency.

Signature of DHR Supervisor: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Section II**-----

I, \_\_\_\_\_, currently providing case management services to the above named  
(Case Manager)  
client, acknowledge this request for transfer to \_\_\_\_\_ Alabama Department of Human Resources \_\_\_\_\_  
(Receiving Agency)

All case management Prior Authorization Number records will be forwarded to the receiving agency with the written permission of the client's parent/guardian as noted above. This case management record will be closed effective: Specify Date \_\_\_\_\_.

Signature of Current Case Manager: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Section III**-----

I, \_\_\_\_\_ DHR Caseworker \_\_\_\_\_, of \_\_\_\_\_ Alabama Department of Human Resources \_\_\_\_\_  
(Case Manager) (Receiving Agency)

agree to accept the transfer of the above named Prior Authorization Number for continuation of case management services. This case management record will be opened effective: Specify Date \_\_\_\_\_.

DHR PROVIDER NO. 590200000  
TCM PROCEDURE CODE T2023

Signature of County DHR Caseworker: \_\_\_\_\_ Date  
Signed: \_\_\_\_\_

Signature of S-DHR Program Specialist: \_\_\_\_\_ Date Signed: \_\_\_\_\_

DO NOT WRITE BELOW THIS SPACE - FOR HP USE ONLY

Date received by HP

New PA Number

Completed By

Distribution: White – HP

Yellow - Receiving

Pink - Transferring Agency

## OPTIONAL - WORKER DAY SHEET INSTRUCTIONS

Use of the Worker Day Sheet: This form is to be utilized by DHR staff at the option of the county department to record activities performed or services provided in performing work duties. It may also be used by Adult Services staff to document work performed and time spent on case management.

COUNTY CODE: Enter the two-digit code for your county

DATA ENTRY COMPLETED: Data Entry will sign off and enter the date data entry was completed

DATE: Self explanatory

WORKER: Enter your name

WORKER ID: Enter your SSN

MILEAGE: Enter the miles traveled during the day (Use the BEGIN/END ODOMETER FIELD for documentation of miles traveled if required by local practices)

DICTATED: Use this field to indicate that dictation has been completed

### FIELD

- (1) NAME OF CLIENT: Enter the CLIENT NAME **or** in FAMILY AND CHILDREN'S SERVICES, enter the name of the child to whom services are provided. Each child/client for whom a TCM encounter will be claimed must be named
- (2) CONTACT NAME: Enter the name of any collateral or organization contacted on behalf of the client recorded in FIELD (1)
- (3) CASE NUMBER: Enter the CASE FILE NUMBER
- (4) COMMENTS/ACTION: Use this field to describe TCM case management activity you record; otherwise, the use of this field is optional
- (5) LOCATION: Enter a CHECK MARK in the appropriate column to indicate whether the service occurred in the Office, the Field, or over the Telephone
- (6) PROGRAM CODE: N/A
- (7) CASE MANAGEMENT TYPE: Use only "Direct Client" column. Use a check mark () or an "x" to indicate an encounter with or on behalf of the child.
- (8) CLIENT ID#: If you are providing case management services to a specific FAMILY AND CHILDREN'S SERVICES CHILD, then enter the SSN or "T" number for the child as it appears in FACTS. Identify SSN for each child for whom a TCM encounter was provided.  
**NOTE:** The SSN and name used in FACTS should be the same as that used in the Medicaid AMAES System whenever possible. This information must match in order for TCM claims to be reimbursed. County staff must check the Medicaid MSIQ screen and resolve conflicts prior to registering a child in FACTS.
- (9) TIME BEGIN/END: Use begin/end time if required by local practice. Increments of time are not required for TCM encounters.

