

## Medicaid Clarifications for Targeted Case Management (TCM)

Updated September, 2017

The previously used Targeted Case Management Acknowledgement Form has been incorporated into the revised CONSENT TO RELEASE INFORMATION AND BILL MEDICAID Form. If you use the new consent form, the TCM Acknowledgement Form is not needed. If the previous consent to bill Medicaid form was used, then the TCM Acknowledgement Form would also need to be on file. Consents are valid for one calendar year. Billing cannot occur for services provided prior to the consent signature dates.

Targeted Case Management (TCM) can only be billed on an instructional day. However, there is not a time of day restriction on the billing. TCM could be billed for an evening time after school. Examples would be preparing written correspondence or making phone calls after parents get home from work.

TCM is limited to five (5), fifteen (15) minute units per student for each instructional day. If two staff each provide 4 units of TCM (total of 8 units) for a student on the same day only 5 units would be billable.

TCM cannot be billed on weekends, snow days, holidays or non-instructional days.

TCM can be billed for revising a Service Care Plan. This is done in conjunction with an IEP meeting. **Time spent during the meeting on portions of the IEP for billable services can be submitted for TCM. This would include PT, OT, Speech, Nursing including Health Care Plan, Psychotherapy, Audiological, Special Transportation, Personal Care, as well as behavior for students with a Behavior Intervention Plan (BIP). Time spent on academic portions of the IEP cannot be billed for TCM.**

TCM can be billed for drafting a Service Care Plan. Drafting a Service Care Plan occurs in conjunction with drafting an IEP prior to a meeting. If 30 minutes was spent drafting **portions of the IEP for billable services it can be submitted for TCM if done** on an instructional day, two units could be billed for TCM for drafting a Service Care Plan. (This would not be possible for an initial IEP meeting, since the student did not have an active IEP at the time of the service.) **This would include PT, OT, Speech, Nursing including a Health Care Plan, Psychotherapy, Audiological, Special Transportation, Personal Care, as well as behavior for students with a Behavior Intervention Plan (BIP). Time spent drafting academic portions of the IEP cannot be billed for TCM.**

TCM can be billed even if the student is absent, since most of the activities are not direct services to the student. You can address most of the activities such as communicate with staff, parents, medical professional, and service care plans without the student present.

Although multiple staff members can provide TCM it is best practice if these activities are coordinated by the student's case manager. This will help to avoid duplicate billing for the same activity, or same time of day, and billing over the five units per day.

A TCM unit equals 15 minutes. Smaller time periods can be added together for a TCM unit. The time does not have to be on consecutive instructional days, but must be within the same month. The 15 minute unit would be billed for the date the 15<sup>th</sup> minute is earned. Each smaller portion of time would have to be documented with a start and stop time. If for the same activity at the same time of day (example meeting with student for five minutes for BIP intervention at 2:50 for three days) it can be documented in one section of the TCM billing form (hand write in the additional days on the printed

form). If the time varies or activity varies then each time window would need a separate section of the TCM billing form.

Targeted Case Management for students with a Behavior Intervention Plan: If a student does not have any direct billable services, but has a Behavior Intervention Plan the LEA can bill for TCM if the following criteria are met:

- The student would need an appropriate diagnosis code. (Specific Learning Disability diagnosis codes would not be sufficient. A diagnosis code related to Intellectual Disability would be sufficient. Diagnosis codes related to behavior would also work.)
- There would have to be medical necessity to justify the TCM.
- An active IEP
- Service Care Plan (for IEPs conducted after August 1, 2015), with behavior goals listed and the BIP listed on the service section (Attach a copy of the BIP to the Plan).

If a student has a Specific Learning Disability but is having behavior issues, typically a Functional Behavior Assessment (FBA) is conducted leading to the development of a BIP. If there is not a medical diagnosis available for the student, an evaluation could be conducted by a school psychologist (which could be billable) and could yield an appropriate diagnosis code.