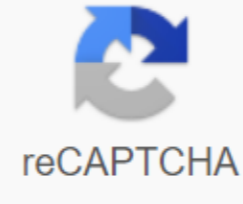




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Medicaid targeted case management handbook florida

Medicaid Mental Health Targeted Case Management services provide case management to adults with a serious mental illness and children with a serious emotional disorder to help them access the necessary medical, social, educational and other services. This service is one of the smallest covered services for any Managed Medical Assistance plans serving Medicaid enrollees. Eligibility Any Medicaid recipient who meets the following criteria may receive targeted mental health case management services: Not to receive case management services under a home and community-based service exception. Not in a hospital, nursing home, intermediate care facility for developmentally disabled people or institution for mental illnesses. 17 years of age or younger and requires advocacy and coordination of services to maintain or improve the level of function, or 18 years or older, and requires advocacy for and coordination of services to maintain or improve the level of function, or 18 years or older and staying in the community and, due to mental illness, exhibit behavioral or symptoms that may result in prolonged hospitalization if frequent interventions for a long period of time were not provided. Resource Information Information about Medicaid health plans and services can be found on the Statewide Medicaid Managed Care website. Florida Medicaid coverage policies, fee schedules and rule are available on the agency's website. Section 59G-4199 - Mental Health Targeted Case Management(1) This rule applies to all mental health target management providers enrolled in the Medicaid Mental Health Targeted Case Management Program. (2) All Medicaid-enrolled mental health targeted case management providers must be in compliance with the Florida Medicaid Mental Health Targeted Case Management Coverage and Limitations Handbook, July 2006, updated June 2007, incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, non-institutional 081, which is incorporated by reference in Rule 59G-13001, F.A.C. Both manuals are available from the Medicaid fiscal agent website on . Click Vendor Support, and then click Manuals. Hard copies of the manuals can be obtained by calling the Medicaid tax agent at (800)377-8216. (3) The following forms included in the Florida Medicaid Mental Health Targeted Case Management Coverage and Limitations Handbook are incorporated by reference: Agency Certification, Children's Mental Health Targeted Case Management, AHCA-Med Serv Form 022, June 2007, in Appendix B, one page; Agency Certification, Adult Mental Health Targeted Case Management, AHCA-Med Serv Form 023, June 2007, in Appendix C, one page; Agency Certification, Intensive Case Management Team Services, Adult Mental Health Targeted Case Management, AHCA-Med Serv Form 024, June 2007, in D, one page; Case Management Supervisor Certification, Children's Mental Health Targeted Case Management, AHCA-Med Serv Form 025, July 2006, in Appendix E, one page; Case Management Supervisor Certification, Adult Mental Health Targeted Case Management, AHCA-Med Serv Form 026, July 2006, in Appendix F, one page; Case Manager Certification, Child Mental Health Targeted Case Management, AHCA-Med Serv Form 027, July 2006, in Appendix G, one page; Case Manager Certification, Adult Mental Health Targeted Case Management, AHCA-Med Serv Form 028, July 2006, in Appendix H, one page; Child Certification, Children's Mental Health Targeted Case Management, AHCA-Med Serv Form 029, July 2006, in Appendix I, one page; Adult Certification, Adult Mental Health Targeted Case Management, AHCA-Med Serv Form 030, July 2006, in Appendix J, one page; Adult Certification, Intensive Case Management Group Services, Case Management Targeting Adult Mental Health, AHCA-Med Serv Form 031, July 2006, in Appendix K, two pages; Medicaid 30-Day Certification for Children's or Adult Mental Health Targeted Case Management, AHCA-Med Serv Form 032, June 2007, in Appendix L, one page. The forms are available by copying them from the Florida Medicaid Mental Health Targeted Case Management Coverage and Handbook Restrictions.Fla. Admin. Code Ann. R. 59G-4.199Specific authority 409919 FS. Teams implemented 409,906, 409,907, 409,908 FS. New 6-21-06, Modified 1-2-08. 1 Florida Medicaid Mental Health Targeted Case Management Handbook Office of Health Care Administration 2 3 JEB BUSH, GOVERNOR ALAN LEVINE, SECRETARY June 7, 2006 Dear Medicaid Provider: Attached please find the revised Florida Medicaid Mental Health Case Management Coverage and Limitations Handbook, July Please use this manual instead of the April 2002 version, which is now obsolete. The revised manual contains updated policy and billing information. If you have any questions, please contact your Office for Medicaid. The Medicaid office phone numbers and addresses area can be found on the agency's website click on Medicaid, and then on Area Offices. They are also listed in Appendix C of the Florida Medicaid Provider General Handbook. All Medicaid manuals are available on the Florida Medicaid Provider Handbook and Resource Library CD-ROM and on the Medicaid tax agent's website at Click Provider Support, and then on The Manuals. We appreciate the services you provide to Florida's Medicaid recipients. Sincerely, Beth Kidder Chief, Bureau of Medicaid Services 2727 Mahan Drive Mail Stop #20 Visit ahca online at Tallahassee, FL 4 5 UPDATE LOG MENTAL HEALTH TARGETED TARGETS MANAGMENT COVERAGE AND LIMITATIONS MANUAL How to use the Update Log Introduction Changes to the manual will be sent out as manual updates. An update can be a change, addition, or policy correction. It can either: pen and ink will be changed to the existing manual pages or replacement pages. It is very important that the provider reads the updated material and archives it in the manual because it is the provider's responsibility to follow the correct policy to receive Medicaid reimbursement. Explanation of update log provider can use the update log to determine if all updates to the manual have been received. Update No. is the month and year in which the update was issued. Effective date is the effective date on which the update is effective. Instructions 1. Make changes to your pen and ink, and file new or replacement pages. 2. Archive the cover page and pen and ink instructions from the update in numerical order after the log. If an update is missed, write or call the Medicaid tax agent at the address listed in Appendix C of the Medicaid Provider General Handbook. UPDATE NO- EFFECTIVE DATE NEW MANUAL OCTOBER Revised Manual July 1999 Apr02 Revised Manual April 2002 June 02 Pen and Ink Changes April 2002 July 2006 Revised Manual July 2006 6 7 MENTAL HEALTH TARGETED CASE MANAGEMENT COVERAGE AND LIMITATIONS MANUAL TABLE OF CONTENTS CHAPTER / Topic Page Introduction Manual Use and Format ... (ii) The characteristics of the manual... iii Manual Updates... iii Chapter 1 Provider qualifications and registration purpose, Description and description Provider enrollment provider agency qualifications and certification targeted case management Supervisor qualifications and certification individual targeted case manager Certification Targeted Case Management Training requirements provider responsibilities chapter 2 covered services, Limitations and Exclusions General Recipients eligibility and certification requirements eligibility for children's mental health targeted case management eligibility for adult mental health targeted case management eligibility for mental health intensive Case Management Team Services eligibility for Medicaid 30-day certification General service requirements Limitations Assessment Service Plan Covered Services Intensive Case Management Team Services Medicaid 30-day certification documentation requirements Chapter 3 - Procedural codes and fee schedule refund information procedure Code Modifier Supplement A procedure Codes and fee Schedule ... A-1 Appendix B Agency Certification, Child Mental Health Targeted Case Management... B-1 Appendix C Agency Certification, Adult Mental Health Targeted Case Management... C-1 Appendix D Agency Certification, Intensive Case Management Team Services, Adult Mental Health Targeted Case Management... D-1 Appendix E Case Management Supervisor Certification, Child Mental Health Targeted Case Management... E-1 8 Appendix F Case Management Supervisor Certification, Adult Mental Health Goal Management... F-1 Appendix G Case Manager Certification, Child Mental Health Targeted Case Management... G-1 H Case Manager Certification, Adult Mental Health Targeted Case Management... H-1 Appendix I Child Certification, Child Mental Health Targeted Case Management... I-1 Appendix J Adult certification, adult mental health targeted case management... J-1 Appendix K Adult Certification, Intensive Case Management Team Services, Adult Mental Health Targeted Case Management... K-1 Appendix L Medicaid 30-day certification for children's or adult mental health Targeted case management... L-1 9 INTRODUCTION TO THE HANDBOOK Overview Introduction This chapter introduces the format used for Florida Medicaid manuals and tells the reader how to use the manuals. Background There are three types of Florida Medicaid manuals: The Provider General Handbook describes the Florida Medicaid Program. Coverage and restrictions Manuals explain covered services, their limits, who is eligible to receive them, and fee schedules. Refund Manuals describe how to complete and submit applications for reimbursement from Medicaid. Exception: For prescribed medicines, the cover and limitations manual and the replacement manual are combined into one. Legal authority The following federal and state laws govern Florida Medicaid: Title XIX of the Social Security Act, Title 42 of the Code of Federal Regulations, Chapter 409, Florida Statutes, and Chapter 59G, Florida Administrative Code. The special federal regulations, florida statutes, and the Florida Administrative Code, for each Medicaid service are mentioned as reference in each specific coverage and restrictions manual. In this chapter This chapter contains: TOPIC Manual Use and Format Features Manual Handbook Updates PAGE ii iii iii July 2006 in 10 Handbook Use and Format Purpose Purpose Of Medicaid manuals is to provide the Medicaid provider with the policies and procedures needed to obtain reimbursement for covered services provided to eligible Florida Medicaid recipients. The manuals contain descriptions and instructions on how and when forms, letters or other documentation should be filled out. Recipient Term recipients are used to describe an individual who is eligible for Medicaid. General Manual General information for providers regarding the Florida Medicaid program, recipient eligibility, vendor registration, fraud and abuse policy, and key resources are included in the Florida Medicaid Provider General Handbook. This general manual is distributed to all enrolled Medicaid providers and updated as needed. Coverage and Limitations Manual Each coverage and limitations is named after the service it describes. A supplier furnish more than one type of will have more than one coverage and limitations manual. Compensation Manual Each replacement manual is named for the claim that it describes. Chapter number The chapter number appears as the first digit before the page number at the bottom of each page. Page number Pages are numbered consecutively throughout the manual. Page numbers follow the chapter number at the bottom of each page. The space space space provided in a manual improves readability and provides space for writing notes. ii July 2006 11 Characteristics of the manual format Format The formats used in the manuals represent a concise and consistent way to display complex, technical material. Information Block Information block replaces the traditional paragraph and can consist of one or more paragraphs about part of the topic. The blocks are separated by horizontal lines. Each block is identified or named with a label. Label Labels or names are located in the left margin of each information block. They identify the contents of the block to facilitate scanning and localization of information quickly. Note Note is most often used to direct the user to the relevant material located elsewhere in the manual. Note, the user also refers to other documents or policies included in other manuals. Topic list Each chapter contains a topic list on the first page, which serves as a table of contents for the chapter, with a list of topics and page numbers where the topic can be found. Manual updates Update log The first page of each manual will contain the update log. Each update will include a new updated log page with the latest update information added to the log. The provider can use the update log to determine whether all updates to the current manual have been received. Each update will be designated by an update No. and the effective date. July 2006 iii 12 Handbook Updates, continued How Changes Updated The Medicaid manuals will be updated as needed. Changes can consist of one of the following: 1. Pen and Ink Updates Brief changes will be sent as pen and ink updates. The changes will be incorporated into replacement pages the next time replacement pages are produced. 2. Replacement pages Long changes or multiple changes that occur at the same time will be sent on replacement pages. Replacement pages will contain an effective date that corresponds to the effective date of the update. 3. Revised manual Major changes will result in the entire manual being replaced with a new effective date at all times. Numbering Update pages Replacement pages will have the same number as the page they replace. If additional pages are required, the new pages will carry the same number as the previous replacement page with a numeric character in ascending order. example: page 1-3 can be followed by page to avoid repressing reprint chapter.) The effective date of validity of New Material The month and year in which the new material is effective will appear in the inner corner of each page. The vendor can check this date to ensure that the material used is the most up-to-date and up-to-date. If an information block has an effective date that differs from the effective date at the bottom of the page, the effective date will be included in the label. Identifying new information New material will be indicated with vertical lines. The following information blocks provide examples of how new labels, new information blocks, and new or modified material within an information block will be listed. New label A new label for an existing information block will be indicated by a vertical line to the left and right of the label only. New label and information block A new label and information block will be identified by a vertical line to the left of the label and to the right of the information block. New Material in an Existing information block New or modified material within an existing information block will be indicated by a vertical line to the left and right of the information block. New or amended paragraph A paragraph within an information block that has new or changed material will be indicated by a vertical line to the left and right of the paragraph. Piece with new material. iv July 2006 13 CHAPTER 1 MENTAL HEALTH TARGETED CASE MANAGEMENT PROVIDER QUALIFICATIONS AND REGISTRATION OVERVIEW Introduction This chapter describes the Medicaid mental health targeted case management program, the legal authority for the program, its purpose and characteristics, and provider participation requirements. Legal Authority Targeted case management services are approved under Section 1915(g) of the Social Security Act. The Florida Medicaid Targeted Case Management Program was implemented through Chapter 409, Florida Charters and Chapter 59G, the Florida Administrative Code. In this chapter This chapter contains: TOPIC PAGE Purpose, Description and Definitions 1-1 Provider Enrollment 1-3 Provider Agency Qualifications and Certification 1-5 Targeted Case Management Supervisor Qualifications and Certification Individual Targeted Case Manager Certification 1-9 Targeted Case Management Training Requirements 1-11 Provider Responsibility Purpose, Description and Definitions Introduction The purpose of mental health targeted case management services is to help individuals (recipients) access needed medical medical , social, educational, and other services. The primary goal of mental health targeted case management is to optimise the functionality of recipients who have complex needs by coordinating the provision of quality treatment and support services in the most efficient and efficient way. Services and service frequency should accurately reflect the individual needs, objectives and abilities of recipient and may not only reflect Medicaid to the maximum allowed for the service. July 14 Purpose, Description and Definitions, Medicaid Provider Handbooks continued This manual is intended for the use of mental health targeted case management providers enrolled in the Medicaid program. It must be used in conjunction with the Florida Medicaid Reimbursement Handbook, Non-Institutional 081, which sets out procedures for filing payment applications, and the Florida Medicaid Provider General Handbook, which contains general information about the Florida Medicaid program. Mental Health Targeted GoalsManagement Audiences In order to receive mental health targeted case management services, a recipient must be in one of the specific audiences described below: Child Mental Health Targeted Case Management for recipient birth through 17 years. Adult mental health targeted case management for recipients age 18 years and older. Intensive case management team services for recipients 18 years and older. Note: See Chapter 2 of this Handbook for further information on

recipients eligible for targeted mental health services. The Area Medicaid Office's Office of Health Care Administration (AHCA) has eleven area Medicaid offices that serve as the local contacts to providers and recipients. The area offices are responsible for damage reconstruction, supplier relations and training. Note: See Appendix C of the Florida Medicaid Provider General Handbook for the Area of Medicaid Office Phone Numbers and Addresses. District or Regional SAMH Office of District or Regional Substance Abuse and Mental Health (SAMH) is the local mental health and substance abuse authority of the Department of Children and Families (DCF). Note: See the Department of Children and Families website at the district and regional office phone numbers and addresses. July 1-July 2, 2006 15 Provider Registration General Enrollment Providers must meet the general Medicaid provider enrollment requirements set out in Chapter 2 of the Florida Medicaid Provider General Handbook. Additionally, providers must comply with the specific enrollment requirements specified in this section. Provider Type Mental Health Targeted Case Management Agency Providers are enrolled as Provider Type 91, Case Management Agency. Mental health targeted case management supervisors are enrolled as Provider Type 32, Social Worker/Case Manager. Group provider A mental health management agency must register as a provider of Medicaid groups. The group must consist of at least one case management supervisor. Special Target A mental health targeted case management agency must register as a Medicaid provider to provide services to one or more of the specific target groups. Registration process To register as an audience for mental health management, health targeted case management agency must submit the following documents to the Medicaid tax agent: Completed Medicaid enrollment package(s) for the vendor agency and its case management supervisor(s). Certification forms signed by the Area Medicaid Office of the Provider Agency. Copy of the provider agency's agreement with the district or regional SAMH office. Note: Medicaid enrollment package is obtained from Medicaid tax agent. Registration forms are also available on the Medicaid fiscal agent website click on vendor support. July 16 Provider Enrollment, continued Enrollment period The validity date of enrollment is the date on which the provider application is approved by the Medicaid accounting agent. Medicaid does not sign providers retroactively. A provider should not bill until it receives confirmation from Medicaid that it is enrolled in Medicaid, has received its Medicaid provider number, and confirmation of the actual date of enrollment. Vendors cannot invoice for the date of the service before the effective date of registration. District or Regional SAMH Office Responsibility The District or Region SAMH Agency is responsible for the following: Submitting the notification (may be electronic) to Medicaid headquarters when a supplier agency's contract is terminated. May participate in the process of training targeted case handlers. The term area or regional SAMH program office is recognized to the regional SAMH program office in certain areas of the state. Mental Health Central Office Responsibilities The Central Office of Mental Health is responsible for the following: Approval of policy for managing mental health case management in connection with Medicaid. Monitor the continuity of care of services provided by SAMH providers under contract with the department. Medicaid Headquarters is responsible for the following: Establishment of mental health policy targeted case management programs. Develop the mental health case management training requirements associated with DCF. Notify the Medicaid tax agent when a vendor agency SAMH contract has been terminated. Area Medicaid Office Area Of Responsibility Medicaid Office is responsible for the following: Certify the agency for the specific target group(s) that it will serve. Involved in the training process targeted case handlers. Approval of certifications for 30-day Medicaid certification (Appendix L). July 1-4, 2006 17 Provider Enrollment, continuing Medicaid Fiscal Agent Responsibility The Medicaid tax agent is responsible for the following: Register each provider agency and case management supervisor for whom it receives a completed enrollment package. Terminate the vendor agency's registration after notification from Medicaid to the provider agency's SAMH contract Ended. Provider Agency Qualifications and Certification Provider Agency Qualifications To register as a Medicaid mental health targeted case management provider, the agency: Must be certified by its area Medicaid office for the specific target group(s) that the agency will serve, and must have an active contract with the SAMH district or regional office for the location where the agency will provide services. A targeted case management provider agency may not subcontract with another agency for the provision of services. Provider Agency certification Ahca Medicaid headquarters establishes the targeted certification criteria for case management. The area of Medicaid offices must certify mental health targeted case management agency for the specific target group that the agency will serve. The Agency's certification criteria are listed on the next page. A copy of the agency's certification must be signed by the Medicaid office and filed with the vendor agency's enrollment application. Note: See appendices B to D in this manual for copies of the certification forms. July 18 Provider Agency qualifications and certification, continued administrative provider agency certification criteria for mental health targeted case management To be certified as a mental health targeted case management agency, the agency must meet the following administrative certification criteria: 1. Be knowledgeable about and agree to comply with the statutes, rules and policies that affect the target population. 2. Be able to administer case management services to the target population. 3. Have established links with the local network of providers of mental health treatment and other resources in the field of services. 4. Have a quality improvement program with written guidelines and procedures. 5. Provide mental health targeted case managers with supervision as described later in this chapter. 6. Cooperate with and participate in the monitoring conducted by the AHCA, the area of Medicaid offices or other personnel designated by the AHCA. 7. Have the capacity to manage the use of mental health targeted case management services and to conduct exploitation review of these services on a regular basis. 8. Have the financial management capacity and systems to provide documentation of the costs. 9. Have the ability to maintain and produce documentation that verifies mental health targeted case managers have participated in case management training required by the Mental Health Central Office. 10. Have the capacity to provide or procure targeted training in case management approved by the AHCA. Programmatic Provider Agency Certification Criteria for Mental Health Targeted Case Management To Be Certified as a Mental Health Targeted Case Management Agency, the Agency Must Meet the Following Programmatic Certification Criteria: 1. Have All Medicaid Mental Health Targeted Case Management Services certified case managers. 2. Provide mental health targeted case management for recipients who ask or are referred for service and who meet the eligibility requirements. 3. Maintain average caseloads of 20 or fewer for birth recipients by 17 years per mental health targeted case manager. 4. Maintain average caseloads of 40 or fewer recipients age 18 and older per mental health targeted case manager. 5. Maintain records that contain clearly identified mental health targeted case management certifications for eligibility, assessments, service plans, and service documentation. July 1-6, 2006 19 Provider Agency qualifications and certification, continued Provider Agency certification criteria for intensive case management Team Services To be certified as an adult mental health intensive team case management services agency, the agency must meet the following criteria: 1. Be certified to provide adult mental health targeted case management services. 2. Serve recipients who meet the eligibility requirements for intensive case management group services as set out in Chapter 2 of this Manual. 3. Certify individuals who receive intensive case management team services. 4. Respond 24 hours a day, seven days a week to the needs of recipients served by the team. 5. The maximum average caseload size for a team with four or more case managers should be 15 people per each team case manager. The maximum average caseload size for a team with three case managers should be seven people per each team case manager. The maximum caseload size for a team with less than three case managers should be six people per each team case manager. 6. Transfer an individual from an intensive case management team to an individual case manager when the recipient and team agree that intensive case management team services are no longer needed or when the individual refuses intensive case management team services. Quality of Care Reviews The AHCA or its authorized representative periodically reviews a vendor's compliance with procedures for determining service eligibility, service authorization policy, personnel requirements, and service documentation requirements. Providers in violation of these requirements will be referred to Medicaid Integrity Program for a potential fraud or abuse investigation. Note: See Chapter 5 of the Florida Medicaid Provider General Handbook for information on Medicaid fraud and abuse. Targeted Case Management Supervisor Qualifications and Certification Targeted Case Management Supervisor Enrollment To be eligible to register as a mental health targeted case management supervisor, an individual must be employed by or under contract with a Medicaid-enrolled mental health targeted case management provider agency. July 20 Targeted Case Management Qualifications and certification, continued individual mental health targeted goals Individual mental health targeted case managers are not enrolled as Medicaid providers. Services are billed using the agency's Medicaid provider number as the payee provider number, and the name and Medicaid provider number on mental health targeted case management supervisors that allow services like a Medicaid-enrolled case manager (vendor type 32). Note: See Chapter 1 of the Florida Medicaid Reimbursement Provider Handbook, Non-Institutional 081, for detailed information on how to fill out the claim. The Certification Provider Agency Administrator must certify case management supervisors at first registration for the audience that the supervisor will serve. The provider agency must maintain case management supervisors certification forms on file. Note: See Appendix E and F in this manual for copies of the certification forms. Supervisor Certification Criteria Mental health targeted case management supervisors must meet the following certification requirements: A master's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field and three years of full-time or equivalent professional experience serving the target group; or A bachelor's degree from an accredited university or college and five years of experience in full-time or equivalent case management serving the target population, and take to the position of a prior mental health targeted case management certification or have at least three years of experience in mental health case management. Each supervisor must complete AHCA-approved mental health targeted case management training within three months of initially overseeing case managers. If the training is not completed within three months, the vendor must request that the Medicaid tax agent unregister the supervisor. The provider agency cannot continue to bill Medicaid for services performed by the case management regulator or by case managers under the supervision of the supervisor. Note: See Targeted case management training requirements in this chapter for more information. Documentation requirements Each supervisor must keep an ongoing log that documents his or her supervision of each person responsible for mental health cases. The log must contain at a minimum the amount of supervision and duration that the oversight took and the case manager's name and the specific target population he serves. July 1-8, 2006 21 Individual Targeted Case Manager Certification Introduction The Mental Health Targeted Case Management Agency must certify individual targeted case handlers for the specific target group that the case manager will serve. The provider agency must maintain the individual case-responsible certification forms on file. Medicaid will only replace for provided by certified mental health targeted case managers under the supervision of a Medicaid-enrolled mental health targeted case management supervisor. Individual Children Mental Health Targeted Case Manager Certification To be certified as a mental health targeted case manager of the children's mental health target group, an individual must meet the following criteria: 1. Have a bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related area of human services (a related area of human services is an area where major coursework includes studies of human behavior and development) and has at least a year of full-time or equivalent experience working with children with serious emotional disorders, or have a bachelor's degree from an accredited university or college and three years of full-time or equivalent experience working with children with serious emotional disorders. 2. Have completed or agree to complete AHCA-approved mental health targeted case management training within three months of beginning providing Medicaid services. If the training is not completed within three months, the vendor agency cannot continue to bill Medicaid for services performed by the case manager under the supervisor's Medicaid provider number. 3. Have knowledge of available resources in the service area for children with severe emotional disorders. 4. Are knowledgeable about and comply with state and federal statutes, rules and policies that affect the target population. Note: See Mental Health Targeted Case Management Training Requirements in this chapter for further information. Note: See Appendix G of this manual for a copy of the Case Manager certification for children's targeted mental health case management. July 22 Individual Targeted Case Manager Certification, Continued Individual Adult Mental Health Targeted Case Manager Certification To be certified as a mental health targeted case manager for adult mental health target group, an individual must meet the following criteria: 1. Has a bachelor's degree from an accredited university or college with a greater in counseling, social work, psychology, criminal law, nursing, rehabilitation, special education, health education, or a related human services area is an area where major coursework includes studies of human behavior and development) and have at least one year full-time or equivalent experience of working with adults experiencing serious mental illness; or Have a bachelor's degree from an accredited university or college and three years of full-time or equivalent experience working with adults experiencing serious mental illness. Case managers who were certified before 1 July 2006, who did not the above requirements may provide Medicaid services if they meet all other requirements. 2. Have completed or agree to complete AHCA-approved mental health targeted case management training within three months of beginning providing Medicaid services. If the training is not completed within three months, the vendor agency cannot continue to bill Medicaid for services performed by the case manager under the supervisor's Medicaid provider number. 3. Have knowledge of available resources in the field of services for adults with severe mental illness. 4. Are knowledgeable about and comply with state and federal statutes, rules and policies that effect the target population. Note: See Targeted case management training requirements in this chapter for more information. Note: See Appendix H of this manual for a copy of the Case Manager certification for individual personal mental health targeted case management July 2006 23 Targeted Case Management Requirements Training Required Training Components Each mental health targeted supervisor for case management and individual targeted case manager must complete training that promotes the knowledge, skills, and skills of the mental health targeted case manager. The training must include the following information: 1) The key elements of case management: Assessment; Person-centered service plan development; Linking and coordinating services; Re-evaluate and follow up; Wrap around and non-traditional services; monitoring of services. 2) Relevant topics: Community resources with an emphasis on the development of natural support schemes; Benefits and eligibility programs; Use and purpose of clinical and functional assessment tools; How to work with families; Human growth and development; Identification and treatment of serious mental disorders and co-occurring substance abuse related disorders; Psychotropic medications including side effects and access to medications; Confidentiality; Information regarding the ramifications of abuse and neglect; Issues identified by the vendor's quality improvement program; Principles of recovery and empowerment including self-guided care options; Removing barriers and reducing stigma; Available community resources for adults (e.g. supported employment, drop-in/self-help centers, support housing/housing resources in the community, and Florida Assertive Community Treatment (FACT)); Supplementary security income (SSI) application program and renewal process; Available community resources for children (e.g. childcare options, community-based care agencies, therapeutic foster care, specialized therapeutic foster care (STFC), statewide inpatient psychiatric programs (SIPP), behavioral health overlay services (BHOS), therapeutic group care, schools, children's natural support systems, and child medical services (CMS)); Principles of resilience in children; Gauge-based practice; of Service Plans; Time management; advocacy and communication skills. July 24 Provider Liability General Requirements In addition to the general provider requirements and liability contained in Chapter 2 of the Florida Medicaid Provider General Handbook, providers are also responsible for complying with the provisions contained in this section. HIPAA Responsibility Florida Medicaid has implemented all the requirements included in the federal law known as the Health Insurance Portability and Accountability Act (HIPAA). As trading partners with Florida Medicaid, all Medicaid providers, including their staff, contracted staff and volunteers, must meet HIPAA privacy requirements effective April 14, Providers who meet the definition of a covered entity under HIPAA must comply with HIPAA Electronic Data Interchange (EDI) requirements effective October 16, Coverage and Restrictions Manuals contain information about changes to procedural codes mandated by HIPAA. Florida Medicaid Provider Reimbursement Manuals includes processing requirements for Florida Medicaid, including the changes required to comply with HIPAA. Note: For more information on HIPAA privacy in Florida Medicaid, see Chapter 2 of the Florida Medicaid Provider General Handbook. Note: For more information on claims processing changes in Florida Medicaid due to HIPAA, see Florida Medicaid Provider Reimbursement Handbook, non-institutional 081. Note: For information on changes in EDI requirements for Florida Medicaid due to HIPAA, contact the Tax Edi Helpdesk in July 2006 25 Provider Responsibility, Continuing Provider Agency Responsibility The Mental Health Targeted Case Management Provider Agency is responsible for the following: Certify mental health officer cases. Certify individual mental health targeted case managers. Inform the Medicaid tax agent when it wants to add a mental health targeted case management supervisor to the vendor agency's group. Inform the Medicaid tax agent when a mental health targeted case management supervisor is no longer employed by or no longer serves as a mental health targeted case management supervisor for his agency. This information must include the exact date on which the targeted mental health case management supervisor terminates the employment or ceases to act as a targeted mental health management manager. An agency cannot continue to bill Medicaid using the vendor number of the targeted supervisor who has left office. Do not billing Medicaid for mental health targeted case management services performed by individual targeted case handlers who fail to complete the training requirement within three months. Request that the Medicaid tax agent desenroll a targeted supervisors who have not met the training requirements within three months. Limitations of Who Can Provide Services Medicaid will not replace mental health targeted case management services that are: Provided by anyone other than a certified mental health targeted case manager (e.g. aides, clerks) working under a Medicaid-enrolled targeted case management supervisor; Provided by staff who are not employed by or under contract to the Medicaid-enrolled targeted case management agency; provided by unpaid trainees or other individuals who are not monetarily compensated by the supplier. July 26, 27, Chapter 2 MENTAL HEALTH TARGETED CASE MANAGEMENT COVERED SERVICES, LIMITATIONS AND EXCLUSIONS Overview Introduction This chapter describes the recipient's eligibility and certification requirements. It also describes the services, refund limitations and documentation requirements covered by the Mental Health Target Management Programme. Topic Roster This chapter includes: TOPIC PAGE General recipient eligibility and certification requirements 2-2 Eligibility for children's mental health targeted case management eligibility for adult mental health targeted case management eligibility for mental health intensive Case Management Team Services eligibility for Medicaid 30-day certification 2-6 General service requirements 2 -7 Limitations 2-8 Assessment 2-12 Service Plan 2-15 Covered Services 2-17 Intensive Case Management Team Services 2-18 Medicaid 30-Day Certification 2-19 Documentation Requirements July 28 General Recipient Eligibility and Certification Requirements Introduction To Get Services For mental health management, the recipient must be Medicaid eligible on the service date and must be certified as meeting the eligibility criteria for a specific audience. Exclusions from eligibility requirements for recipients The following Medicaid recipients can receive mental health targeted case management for up to a maximum of 30 days without meeting the eligibility criteria for a specific target group: A recipient who has been referred by Medicaid's contracted utilization management service provider after a refusal to enter or discharge from a psychiatric inpatient unit; A recipient who has been admitted to a psychiatric inpatient unit; or A recipient identified by Medicaid's contracted use management services provider as high risk. Note: See Medicaid 30-Day Certification in this chapter for more information. Eligibility for Child Mental Health Targeted Case Management Introduction In order to receive children mental health targeted case management services, a child must be certified as requiring the service of mental health targeted case handler and to the case handler supervisor. To initially certify any child, the provider must complete a Childrens Certification, Children's Mental The target management form within 30 days of the original date of service. The certification form must be signed and dated by the targeted case manager for mental health services and that case manager's supervisor. Note: See Appendix I of this manual for a copy of children's certification, Child Mental Health Targeted Case Management form. 2-2 July 2006 29 Eligibility for children mental health Targeted case management, continued Ongoing eligibility for children mental health Targeted case management The supplier is responsible for ensuring ongoing eligibility. Justification of justification must be documented in the recipient's case record. If circumstances change and the recipient no longer meets the eligibility criteria, Medicaid will no longer reimburse for mental health targeted case management services. Certification criteria for children's targeted mental health case management In order to be certified to receive children's targeted mental health case management services, documentation must be provided in the child's case register stating that the child meets all the following criteria: 1. Enrolled in a Child and Family Care Department (DCF) child's mental health target population (birth through 17 years); 2. Have a mental health disability (i.e. serious emotional disorders) that requires advocacy for and coordination of services to maintain or improve the level of function; 3. Requires services to help achieve self-sufficiency and satisfaction in the living, learning, working and social environments of choice. 4. Lacks a natural support system to access the necessary medical, social, educational, and other services; 5. Requires ongoing assistance to access or maintain the necessary care consistently within the service delivery system. 6. Have a mental disability (i.e. severe and persistent mental illness) which, based on professional judgment, will last for at least a year; 7. Is not against dual case management services from another provider; and 2-4 July 2006 31 Eligibility for adult mental health Targeted case management, continued Certification criteria for adult mental health Targeted case management, continued 8. Meets at least one of the following requirements: (a) Is waiting for admission to or has been discharged from a state mental health treatment center; B. Has been discharged from a mental health housing treatment facility; C. Have had more than one admission to a Crisis Stabilization Unit (CSU), short-term housing facility (SRT), inpatient psychiatric unit, or any combination of these facilities within the last 12 months; D. Is at risk of institutionalization for mental health reasons; or E. Experiencing long-term or acute episodes of mental impairment that can put him at risk of requiring more intensive services. If the recipient has been relocated from a DCF district or region where he received targeted mental health case management services, the recipient does not have to meet the above criteria. This must be documented in the recipient's case record. Mental Health Intensive Case Management Team Services Introduction To Get Intensive team services, a one must be certified as requiring the service of the person responsible for mental health cases and the person responsible for the case. To initially certify any recipient, the vendor must complete an Adult Certification, Intensive Case Management Team Services, Adult Mental Health Targeted Case Management form for approval within 30 days of the original date of the service. The certification form must be signed and dated by the targeted case manager for mental health care and the case manager's supervisor. Note: See Appendix K in this chapter for a copy of the Adult Certification, Intensive Case Management Team Services, Adult Mental Health Targeted Case Management form. NoteA: See Appendix K in this chapter for a copy of the Adult Certification, Adult Health Management Team Services, Adult Mental Health Targeted Case Management form. Ongoing eligibility for Intensive Case Management Team Services Provider is responsible for ensuring ongoing eligibility. Justification of justification must be documented in the recipient's case record. If circumstances change and the recipient no longer meets the eligibility criteria, Medicaid will no longer replace for intensive mental health case management services. July 32 Eligibility for Mental Health Intensive Case Management Team Services, continued Certification Criteria for Recipients Receiving Intensive Case Management Team Services To be certified to receive intensive case management team services, documentation must be provided in the recipient's case record, indicating that the recipient: 1. Enrolled in a DCF adult mental health target population (18 years and older); and 2. Meets at least one of the following requirements: (a) Has lived in a state mental health facility for at least six months for the past 36 months; B. Living in the community and have had two or more admissions to a state mental health facility in the last 36 months; C. whereas residents in the Community and have had three or more admissions to a Crisis Stabilisation Unit (CSU), short-term housing facility (SRT), psychiatric inpatient unit, or any combination of these facilities within the last 12 months; or d. Resides in the community and, due to a mental illness, exhibit behavior or symptoms that could result in long-term hospitalization, if frequent initiatives for an extended period of time are not provided. If the recipient has been relocated from a DCF district or region where he received targeted mental health case management services, the recipient does not have to meet the above criteria. This must be documented in the recipient's case record. Eligibility for Medicaid 30-day certification Introduction The following Medicaid recipients can receive mental health targeted case management for up to a maximum of 30 days without meeting the eligibility criteria for a particular target group: A recipient who referred by Medicaid contracted utilization services seller after a denied admission to or discharge from a psychiatric unit; A recipient who has been admitted to a psychiatric unit; or Has been identified by Medicaid's contracted usage management services provider as high risk. Note: See Appendix L of this chapter for a copy of Medicaid 30-day certification for children or adult mental health targeted case management form. July 2-6, 2006 33 Medicaid 30-Day Certification, Continued Certification Criteria for Recipients The Medicaid Office Must Certify that the Medicaid recipient meets one of the three criteria listed on the previous page. Services Beyond 30 Days If it is determined that the recipient requires mental health targeted case management beyond 30 days, the recipient must be certified to a specific target group and must receive services in accordance with policy. Medicaid will not reimburse for mental health targeted case management services beyond the 30-day period unless the recipient is certified for one of the three target groups. Note: See the eligibility for children's mental health, adult mental health, or intensive case management group Targeted Case Management Services in this chapter for the certification criteria for each specific audience. General service requirements Adult and child mental health Targeted case management Adult and child mental health targeted case management services help recipients access the necessary financial and insurance benefits, employment, medical, social, education, assessment of functional abilities and needs, and other services. These supporting services include working with the recipient and the recipient's natural support system to develop and implement the recipient's service plan. They also include follow-up to determine the status of the recipient's services, and the effectiveness of activities related to the successful implementation of the service plan towards increasing the recipient's inclusion in the community. Who must provide Medicaid mental health targeted case management services must be provided by case managers who are employed by an enrolled mental health targeted case management agency and certified to provide services to a specific target audience. The case manager must be certified and supervised by a certified, Medicaid-enrolled case management supervisor. Single Case Manager per Recipient A recipient in children's mental health or the target group for mental adult health can have only one target responsible for goals at a time, except in the situations described below. July

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