

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA - 09-3

TO: All CFSA Staff

FROM: Roque R. Gerald, Psy.D, Acting Director

DATE: February 27, 2009

RE: Medicaid Claiming Review Process

In the event that children in the care of the Child and Family Services Agency (CFSA) require Medicaid-reimbursable services, CFSA is responsible for ensuring that all Medicaid claims are in compliance with the laws and standards promulgated by the Centers for Medicaid and Medicare Services (CMS) and the District of Columbia. Successful reimbursement of CFSA's Medicaid claims depends heavily on quality case-level documentation.

This administrative issuance provides guidelines for required documentation of a case record for any child receiving Medicaid-reimbursable services. It establishes a periodic internal quality assurance review process to ensure and support the following procedures:

- Medicaid claims are linked to actual services provided.
- CFSA is appropriately claiming for services, specifically for Medicaid-reimbursable Targeted Case Management (TCM) and Rehabilitative Services (Rehab).
- CFSA Medicaid claims are documented and readily accessible for audits.

If you have any questions regarding this issuance, please contact your Program Administrator.

Medicaid Services Overview

1. The following social worker and case management activities constitute Medicaid-allowable TCM services for children in foster care:
 - a. Client Intake
 - b. Assessment
 - c. Case Planning
 - d. Service Coordination and Referral
 - e. Monitoring
 - f. Case Plan Reassessment
2. The following services are Medicaid-allowable Rehabilitative Services for children in Therapeutic Foster Homes or Therapeutic Group Home placements:
 - a. Psychotherapy and counseling / Individual or Group
 - b. Medical Practitioners Evaluations
 - c. Crisis Intervention
 - d. Health Service Coordination

- e. Medication Management
- f. Behavior Management

General Documentation Requirements

To comply with general Medicaid requirements for both TCM and Rehab, the following information must be entered into FACES:

1. Correct name, social security number, and date of birth in the General Info Screen
2. Correct Medicaid number (must be active)
3. Detailed case contact notes that include the following information:
 - a. Assessment of Needs – Includes pertinent information on social and clinical history, and other pertinent information from client/significant others.
 - b. Descriptions of Social Worker Efforts to Link and/or Coordinate Treatment Services – For example, completing referral forms and making referrals; referring guardian/parent to support services such as Medicaid, SSI, parenting classes; advocating for new services.
 - c. Descriptions of Social Worker Monitoring of Treatment Services – For example, reading progress notes from a provider and/or facilitating and participating in treatment team meetings or a case staffing; consulting with provider and client about client's progress; keeping treatment providers on target with a client's treatment goals.
 - d. Descriptions of Treatment Services and Progress – For example, talking with and informing a client about services that he or she is getting or discussing with and informing guardians or parents about treatment services.
4. In addition, the following documentation must be included in the case file:
 - a. Signed Court Orders
 - b. Signed Case Plans and Individualized Treatment Plans, which must incorporate evidence of the following progress:
 - i. Reassessed and updated at least every six months, and contain an assessment of problems, needs, services, goals, and outcomes
 - ii. Be signed and dated by a Licensed Clinical Professional
 - iii. Include recommendations as result of evaluations and assessment
 - iv. Include present level of functioning, measurable goals and objectives, problems, needs, services and supports
 - c. Monthly Progress Reports (in the case of children being served by private agencies)
 - d. Verification of Medicaid coverage via 30A and CAD (Child and Adolescent Development)
 - e. Behavioral Services Referral Forms
 - f. Evaluations/Assessments/EPSDT (Early Periodic Screening, Diagnosis and Treatment)
 - i. Completed and signed by Licensed Clinical Professional
 - ii. Cognitive, social, emotional, and adaptive development evaluation
 - iii. Pre-Placement screening upon removal and EPSDT screenings each year thereafter

The Review Process

1. On the first Tuesday of each month, staff of CFSA's Medicaid Claiming Unit (MCU) shall randomly select the cases of 25 children for whom Medicaid claims were made in the previous month, and shall notify social workers (CFSA and private agency) if any cases on their caseload have been selected.
2. By the second Tuesday of each month, CFSA and private agency social workers will submit selected case files to the MCU for review.
3. No later than the third Tuesday of each month, the MCU staff shall have completed the following tasks:
 - a. review of the cases of these 25 children
 - b. notification of the child's social worker and chain of command of any outstanding documentation required to support Medicaid service claims for that child
 - c. The child's social worker shall submit the requested documentation to the MCU within 72 business hours of the request.

Lack of compliance with the request to submit required documentation within the specified time frames shall be immediately elevated from the MCU to the Agency Director.

4. By the last day of each month, the MCU shall complete the following tasks:
 - a. Prepare a written report to the Director.
 - i. Identify the outcomes of that month's internal review.
 - ii. Provide an analysis of CFSA's compliance with Medicaid requirements.
 - iii. Detail the percentage of children for whom documentation is not in compliance and the percentage of valid claims.
 - iv. Document the number of outstanding documentation requests.
 - v. Identify trouble areas or issues, e.g., the percentage of children identified with data integrity issues in FACES or the percentage of children not meeting any program benchmarks that may come to light through this internal review.
5. The Agency Director and Senior Staff will engage in corrective action as necessary based on findings of monthly MCU reports.