

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Administrative Issuance: CFSA-11-7

TO: All Staff

FROM: Heather McCabe, Deputy Director for Revenue Operations
John Simmons, Jr., Administrator-Business Services Administration

DATE: September 30, 2011

RE: Medicaid Billing

The Child and Family Services Agency (CFSA) has developed standard operating procedures for the preparation, provision, billing, and documentation of Medicaid services performed by qualified service providers employed or contracted by the Agency. CFSA's Office of Revenue Operations-Medicaid Claiming Unit (MCU) facilitates all claiming and billing for Medicaid reimbursement for the Agency's Healthy Horizons Assessment Center and Targeted Case Management Nurse Care Manager program. (*See the Office of Revenue Operations Standard Operating Procedures for Medicaid Billing.*)

The purpose of this administrative issuance is to outline the roles and responsibilities of the CFSA social workers and the Office of Clinical Practice (OCP) Nurse Care Managers, and their relationship to the MCU when billing Medicaid for services to children and youth in CFSA care and custody.

If you have any questions regarding this administrative issuance, please contact John Simmons, Jr., Administrator of the Business Services Administration.

General Considerations

The following definitions apply to all procedures outlined in this administrative issuance:

Medicaid: Title XIX of the Social Security Act (Medicaid) is a federal medical assistance program administered by the District of Columbia Department of Health Care Finance (DHCF) for certain low-income individuals and families. Eligible recipients receive medical care from providers enrolled in the program, who then bill Medicaid for services. Medicaid reimbursable services are provided through two CFSA programs: Healthy Horizons Assessment Center (which provides Early Periodic Screening, Diagnosis and Treatment or EPSDT) and the Nurse Care Manager program (which incorporates Targeted Case Management or TCM).

Medicaid billing: Medicaid billing is the process of submitting and following up on claims to government and private insurance entities in order to receive payment for valid medical services rendered by a qualified health care provider. Medicaid billing procedures are conducted by the MCU. At CFSA, the process begins with a visit to the Healthy Horizons Assessment Center (HHAC), where a service is provided to a Medicaid eligible child or youth in the care and custody of CFSA. The service is subsequently documented in the child or youth's confidential medical record and in FACES. If determined by the OCP management team to require additional services, a child or youth may also be assigned a Nurse Care Manager or NCM (*see CFSA administrative issuance, [Healthy Horizons Assessment Center](#), CFSA-10-13*).

Targeted Case Management: TCM services are provided by NCMs under the direction of CFSA's Office of Clinical Practice. NCMs manage the medical and medically-related educational, social, and other needs of children and youth (from birth up until their 21st birthday) who require a certain type or amount of medical care beyond that required by other children or youth in foster care. TCM includes the development, coordination and maintenance of health care plans, identification of health care information, assessments and periodic reassessments, family consultations and interventions, and discharge planning and facilitation.

A TCM comprehensive care plan is developed by the NCM in collaboration with the assigned social worker and other members of the family team. (The team may include the family support worker, the child (if age appropriate), the birth family, other health care providers and the child or youth's guardian ad litem.) The comprehensive care plan includes assessments of a child or youth's medical and medically-related social, educational and other needs and is to be updated at a minimum of every six (6) months. The care plan may also include a course of action that involves referrals to identified providers, scheduling appointments, and linking the child or youth to programs, activities and services that meet the goals of the case plan.

Healthy Horizons Assessment Center (HHAC): The HHAC is CFSA's on-site medical screening clinic that provides services for children and youth (from birth up until their 21st birthday) who are entering, re-entering, exiting, or changing placements while in foster care. Under the direction of OCP's Clinical and Health Services Administration, the HHAC is open seven (7) days per week and closed between the hours of 1:00 pm and 2:00 pm to accommodate a lunch hour for staff. In the event that the CFSA building is closed (e.g., in the case of an emergency), the HHAC will also close or re-locate as determined by CFSA's Executive Management Team. The nurse practitioner and medical assistant provide direct medical care, coordinate additional health care services, communicate with families and caregivers, and provide other health care related education and support to caregivers and social workers.

Healthy Horizons Nurse Care Manager Program: CFSA has established the Nurse Care Manager Program to improve child safety and well-being through individualized TCM comprehensive care plans for children and youth who require this service. The NCM program specifically ensures that the medical, dental, mental health care and medically-related educational, social and other needs of these children and youth, based on the clinical assessments by the OCP management team, are assessed, provided, and monitored in a timely and appropriate manner by the NCM.

Roles and Responsibilities

The importance of clear, concise, and organized documentation reflects the hallmark of quality case management practice and service delivery and often serves as the mode of communication between all of the professionals involved with the child and/or family. In addition, good documentation ensures accountability, service improvement, and Agency reimbursement for services rendered. Documentation by the social workers and the NCM for TCM activities is of critical importance in the Medicaid billing process.

All forms and documents containing medical information are subject to the HIPAA Privacy Act. If this information is scanned for the purpose of saving to a network or to be emailed or faxed, it becomes Electronic Protected Health Information (e-PHI) and falls within the guidelines of CFSA's HIPAA Security policy. (For additional guidance on HIPAA compliance requirements, CFSA staff should consult the HIPAA policies. CFSA has adopted the District of Columbia's HIPAA Privacy Policy, which is located on the District of Columbia's Office of Health Care Privacy and Confidentiality website. CFSA's HIPAA Security policy is located on CFSA's Intranet Website. Private agencies should contact the CFSA contract monitor for assistance.)

Social Worker

The assigned social worker shall complete the following tasks for children and youth who require TCM services:

1. Develop a case plan within thirty (30) days of a child or youth entering care and every six (6) months thereafter for each child or youth. The contents of the case plan will be informed by the Structured Decision-making tool, Family Team Meetings (FTMs), Child Protective Services reports and the initial and comprehensive screenings at the HHAC
2. Collaborate with the NCM and the family team to develop the TCM comprehensive care plan
3. Document all client contacts, assessments, and the delivery of case management services both in FACES.NET and in manual case files using the elements of good documentation (*see Quick Reference Guide, Elements of Good Documentation*)
4. Ensure that all of the documented information meets the goals identified in the case plan
5. Share information with the NCM as new information becomes available
6. Actively collaborate with the NCM, communicating once per month (at a minimum), to monitor and follow-up on medically-related educational, social and/or other service activities of the child or youth.

Office of Clinical Practice – Nurse Care Manager

The NCM is a licensed, registered nurse providing TCM oversight specific to the medical and medically-related social, educational, and other service needs of children in foster care who require a certain type or amount of these services beyond that required in general by children in foster care. When the OCP management team determines that the child or youth requires individualized TCM services, the child or youth will be enrolled in the Nurse Care Manager program and assigned a NCM. [For a detailed description of the roles and responsibilities of the NCM, see the administrative issuance [Teaming Between Nurse Care Managers, Social Workers and Family Support Workers.](#)] The NCM ensures that the health and well-being needs of these children and youth are assessed, provided, and monitored in a timely manner through completion of the following tasks:

1. Develop the TCM comprehensive care plan in collaboration with the assigned social worker and the family team to include activities such as
 - a. Completing a comprehensive assessment and periodic reassessment of a child or youth to determine the need for any medical, dental, or mental health services as well as any medically-related educational, social or other services (e.g., speech therapy or physical therapy to occur in a school setting, nursing support, behavioral and mental health services, services to address domestic violence issues in the home). Reassessments will occur, at the least, every six (6) months for enrolled children and youth from birth through age 21.
 - b. Developing and periodically revising a specific care plan based on the information collected through the assessment period from the assigned social worker and the CPS social worker, the HHAC nurse practitioner, the community-based medical providers, family members, resource parents, the child or youth (if appropriate) and others knowledgeable of the needs of the child or youth.
 - c. Referral and related activities that assist the child or youth in obtaining needed services.
 - d. Monitoring and follow-up activities that are necessary to ensure that the care plan is implemented and adequately addresses the child or youth's needs. Monitoring will occur at least monthly.

2. Provide direct medically-related consultation, as may be necessary, to the family team, the schools and all service providers.
3. Document for each medically-related activity all client contacts, assessments, and the delivery of case management services in FACES.NET as well as in manual case files. The NCM shall follow the elements of good documentation per CFSA's *Quick Reference Guide*, [Elements of Good Documentation](#).
4. Review and maintain necessary documents to place in the child or youth's medical record, such as FTM notes, assessments, and court orders.
5. Complete the TCM enrollment screen in FACES.NET by performing the following tasks:
 - a. Identify the client in FACES.
 - b. Navigate to the health screen.
 - c. Navigate to the insurance screen.
 - b. Execute "new" entry.
 - c. Under insurance type, select "Medicaid TCM Eligible" or "Non-Medicaid TCM Eligible".
 - d. Enter the date that TCM became eligible or the date when the case closed, making TCM no longer eligible.
 - e. Save entry.
6. Actively collaborate with the assigned social worker, communicating (at a minimum of once per month) to monitor and follow-up on medically-related educational, social and other service activities of the child or youth.

Office of Revenue Operations – Medicaid Claiming Unit

As noted, MCU manages the Medicaid reimbursement process for two Agency programs: the Healthy Horizons Assessment Center and the Targeted Case Management Nurse Care Manager Program.

The Medicaid claiming specialist in the MCU shall complete the following tasks:

1. Review the medical case record and the Healthy Horizons Records Database for pertinent billing information, specifically service provision data, provider qualifications information, and eligibility data
2. Check the Automated Client Eligibility Determination System (ACEDS) for the child or youth's Medicaid eligibility and coverage status. If the child or youth's status cannot be confirmed in ACEDS or the child or youth is not currently in a Managed Care Organization (MCO), the Medicaid claiming specialist checks CFSA's Eligibility Unit database to determine the status of the child's Medical Assistance Data Entry Form (Form 30A). If no Form 30A has been submitted, the Medicaid claiming specialist shall send an email to the social worker requesting completion and immediate submission of the FORM 30A and Citizen Alienage Declaration (CAD) form.
3. Contact the Eligibility Unit supervisor for cases with eligibility issues, Medicaid coverage issues or questions. The Eligibility Unit supervisor shall research the issue and provide clarity along with the requested information to the Medicaid claiming specialist.
4. Verify or seek verification of delivery of service when reviewing the file.
5. Enter an electronic claim in Web Portal which transmits the electronic claim to Medicaid via an electronic data interchange (EDI) once the Medicaid/Medical insurance coverage/eligibility and service provisions are verified.

6. Review the electronic remittance advice (RA) via the Web Portal at www.dc-medicaid.com for claim status (i.e. submitted, approved, denied, pending)
7. Identify any potential errors in the claim and make corrections accordingly.
8. Transmit the claim electronically to the Department of Health Care Finance (DHCF)/ Administrative Services Organization (ASO).