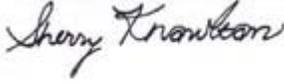


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Medical Assistance Case Management Services for Recipients under the Age of 21	BY  Sherry Knowlton Deputy Secretary for Medical Assistance Programs
NUMBER:	99-94-08, 1239-94-01	
ISSUE DATE:	May 17, 1994	
EFFECTIVE DATE:	May 1, 1994	

PURPOSE:

The purpose of this bulletin is to announce that the Department of Public Welfare (DPW), Office of Medical Assistance Programs (OMAP) will cover medically necessary case management services for recipients under the age of 21 and to describe the interim policy and procedures. This bulletin sets forth the minimum qualifications a case manager must have in order to participate in the Medical Assistance (MA) Program; the types of case management services that are eligible for reimbursement; and procedures for billing case management services.

SCOPE:

This bulletin applies to all persons interested in enrolling and receiving reimbursement as case managers in the MA Program to serve recipients under the age of 21. This bulletin does not apply to MA funded case management services administered by other program offices within the DPW, e.g., the Office of Mental Health's Intensive Case Management and Resource Coordination Programs, the Office of Mental Retardation's Targeted Service Management, 2176 Home and Community-Based Waiver and Early Intervention Programs, the Office of Social Programs' Community Services Program for Persons with Physical Disabilities (CSPPPD) or to the OMAP's Targeted Case Management and Michael Dallas Waiver Programs.

BACKGROUND:

Under provisions of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), states are required to provide coverage for medical and health-related services furnished to eligible individuals under 21 years of age whether or not the services are currently covered under the State Medicaid Plan. The Health Care Financing Administration has recently determined that included in these services is medically necessary case management.

The purpose of case management is to guide and assist individuals in gaining access to necessary medical, educational, rehabilitative/rehabilitative and social services. The need for case management services is determined by the recipient's physician or licensed psychologist. The case manager may coordinate and facilitate access to care, monitor service delivery and evaluate the continuing need for Case Management Services. The emphasis of case management is on community-based care that is cost-efficient, focused on the recipient, and family-oriented.

DISCUSSION:

OBRA '89 case management services for individuals under the age of 21 are not to duplicate MA funded case management services funded by and/or received through other DPW agencies, including but not limited to the Office of Mental Health's Intensive Case Management and Resource Coordination Programs, the Office of Mental Retardation's Targeted Service Management, 2176 Home and Community-Based Waiver and Early Intervention Programs, the Office of Social Programs' Community Services Program for Persons with Physical Disabilities (CSPPPD) and the OMAP's Targeted Case Management and Michael Dallas Waiver Programs.

In addition, case management shall not be reimbursable as a distinct service when provided as an integral part of another covered medical assistance service. An example of this is the case management component of Home Health services and Inpatient Hospital Case Management services.

Medical assistance recipient eligibility requirements:

To be eligible for OBRA '89 case management services, a recipient must:

1. Be eligible for medical assistance.
2. Be under the age of 21.
3. Have a medical need for case management services as determined by the physician or a licensed psychologist.

Case manager participation requirements:

In order to enroll as a case manager in the Medical Assistance Program, an individual must meet one of the following criteria:

1. Be licensed as a registered nurse in Pennsylvania and have a minimum of 1 year case management or counseling experience with children and families, or
2. Have a Master's Degree in Social Work or a Master's Degree in Social Science and have a minimum of 1 year case management or counseling experience with children and families, or
3. Have a Bachelor's Degree in Social Work, a Bachelor's Degree in Social Science or a Bachelor of Arts Degree and have a minimum of 1 year case management or counseling experience with children and families, or
4. Have a Master's of Science in Nursing or equivalent Master's Nursing degree and have a minimum of 1 year case management or counseling experience with children and families, or
5. Have a Bachelor of Science in Nursing or equivalent nursing degree and have a minimum of 1 year case management or counseling experience with children and families.

In addition to the above licensing criteria, case managers must:

1. Maintain licensure status where appropriate.
2. Comply with additional requirements and standards of practice that may be developed by the OMAP.

For those case managers employed by or under contract to an agency, the OMAP will recognize the case manager's services, but will require the agency to enroll and ensure compliance with all case management requirements.

The OMAP reserves the right to limit the number of recipients in a case manager's caseload.

Case managers must have credentials from accredited educational institutions.

Services provided by case managers:

Case management services include:

1. Assessing service needs based on a physician's medical treatment plan.
2. Developing and implementing service coordination plan.
3. Identifying, linking and coordinating service.
4. Facilitating access to services.
5. Monitoring the effectiveness of services.
6. Reassessing service needs.

In providing OBRA '89 case management services described above, case managers must:

1. In cooperation with the recipient's physician develop a service coordination plan for each recipient. Development of the service coordination plan must include active participation of the recipient and/or responsible parent or guardian. The service coordination plan must be reviewed and updated monthly to document the effectiveness of services included in the plan and the recipient's continuing need for services.

2. Maintain appropriate service logs which document all case management services provided to the recipient.
3. Meet with the recipient or the recipient's representative within 30 days of the initial contact with follow-up meetings at least every six months.
4. Establish and maintain coordination with the county Mental Health, Mental Retardation, and Children and Youth agencies, local schools and other child serving systems for those children who require services from the other agencies.

Failure to comply with the above requirements could result in a possible retroactive disallowance as well as provider termination.

Payment for case management services covered by this bulletin:

Payment for the above listed services will be made under the following conditions:

1. Case management services will be prior authorized by the Department. Providers must complete the MA 97 (Medical Services/Supplies Prior Authorization Request) form and forward to:

Department of Public Welfare
Office of Medical Assistance Programs
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188

The decision to approve, partially approve or disapprove a request for service will be made within 21 days of receipt of the request.

2. Case managers will be paid for services provided in 15-minute units. Payment will be made at the following rates according to the number of units of service provided.

1 unit = 15 minutes - \$ 7.50
2 units = 30 minutes - \$15.00
3 units = 45 minutes - \$22.50
4 units = 60 minutes - \$30.00

Type Service: ES Procedure Code: W0052 (PA)

3. Payment will be made for services provided by only one medical assistance case manager per recipient for a given period of time.
4. The OMAP will not pay for MA funded case management services that are:
 - a. Available through other third party payers.
 - b. Provided to ineligible recipients.
 - c. Provided as an integral part of another covered medical assistance service.
 - d. Provided for purposes other than to assist recipients to gain access to medical, educational, habilitative/rehabilitative and social services related to that person's service coordination plan.
 - e. Provided as outreach activities for the purpose of seeking potential recipients of case management services.
 - f. Provided as part of inpatient services (hospitals, ICFs/MR, nursing homes, JCAHO accredited residential treatment facilities and public mental health hospitals), excluding discharge planning provided within 30 days prior to discharge.

PROCEDURE:

Individuals or providers who wish to participate in the MA Program as case managers should contact the OMAP for enrollment information by writing to:

Department of Public Welfare
Office of Medical Assistance Programs
Division of Support Services
P.O. Box 8045
Harrisburg, Pennsylvania 17105

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Division of Outpatient Programs
P.O. Box 8046
Harrisburg, Pennsylvania 17105

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.