

Affected Programs: BadgerCare Plus, Medicaid

To: Prenatal Care Coordination Providers in Milwaukee County and the City of Racine, HMOs and Other Managed Care Programs

Quantity Limits for Child Care Coordination Services Effective January 2011

Effective for dates of service on and after January 1, 2011, there will be quantity limits for child care coordination services. This *ForwardHealth Update* provides information on the new quantity limits, as well as reminders regarding contacts with non-eligible members, ongoing care coordination and monitoring, and documentation requirements.

Quantity Limits for Child Care Coordination Services

Effective for dates of service on and after January 1, 2011, there will be quantity limits for child care coordination (CCC) services. The amount of time reimbursed for completing an assessment, developing a care plan, and ongoing care coordination will be limited as follows:

- Assessment (procedure code T1016 with modifier "U1"): Limited to a quantity of eight units (two hours) per 365 days.
- Care Plan (procedure code T1016 with modifier "U2"): Limited to a quantity of eight units (two hours) per 365 days.
- Ongoing Care Coordination (procedure code T1016 with modifier "U3"): Limited to a quantity of 40 units (10 hours) per calendar month.

Providers are reminded that a quantity of one unit is equal to 15 minutes, and only one assessment and one care plan are allowed per member per 365 days. Updates

to the assessment or care plan are covered under ongoing care coordination.

Child care coordination services are covered for Wisconsin Medicaid and BadgerCare Plus Standard Plan members residing in Milwaukee County and the city of Racine.

Contacts with Non-members

Services to family members who are not enrolled in Medicaid or BadgerCare Plus (including mothers who become ineligible for Medicaid or the Standard Plan) are covered only as outlined below. The need for care coordination services provided to family members must be identified in the member's care plan and must be directly related to meeting the goals and objectives of the benefit.

Providers may assist a family member who is not enrolled in Medicaid or BadgerCare Plus in locating and accessing services only if the service is directly related to addressing the needs of the enrolled member. For example, the provider is providing services to a family of three. The mother and baby are eligible for Medicaid or BadgerCare Plus, but the father is not. The baby has special health care needs, and the father has chemical dependency issues. Wisconsin Medicaid or the Standard Plan will cover CCC services related to assisting the father in locating and accessing educational or other

resources necessary to help him better meet the baby's needs. However, Wisconsin Medicaid would not cover care coordination activities related to assisting the father in accessing needed substance abuse treatment services for himself.

Collateral Contacts

A collateral is anyone who has direct supportive contact with the member, such as a family member, friend, service provider, guardian, housemate, or school official. Collateral contacts must be directly related to mobilizing services and support on behalf of the member. These contacts could include obtaining feedback on care plan goals or changes in the member's medical or non-medical care needs.

Time spent on client-specific meetings and formal case consultations with other professionals or supervisors may be included as collateral contacts. When billing for collateral contacts, do not include time spent discussing or meeting on non-member-specific or general program issues.

The provider is required to identify the role of the collateral in the member's care plan. Collateral contacts may be reimbursed even if there is no member contact during the month for which the provider is billing.

Single, Designated Care Coordinator for Ongoing Care Coordination and Monitoring

Ongoing care coordination and monitoring services must be provided by a single designated care coordinator. If the designated care coordinator is not available due to illness, vacation, or client crisis, the time spent by a qualified temporary replacement would be covered. The reason for the change in care coordinator must be documented in the member's file.

Documentation Requirements

As defined in DHS 105.52(5), Wis. Admin. Code, a member's file must include the following documents, as appropriate:

- The member's completed Child Care Coordination Family Questionnaire, F-1118 (02/09). The Family Questionnaire must be scored, signed, and dated.
- The member's care plan, signed and dated as required. The provider may initial the care plan if a signature page is included in the member's record. The care plan must identify the name and title of the member's designated care coordinator.
- A log that clearly and concisely documents all care coordination activities. All entries must be signed and dated.
- Completed consent document(s) for release of information.
- A written record of all member-specific care coordination and monitoring activities. The record must include documentation of the following information:
 - ✓ The member's name.
 - ✓ The collateral contact's name. The name and role of the collateral contact must be identified in the care plan.
 - ✓ The date of the contact.
 - ✓ The full name and title of the person who made the contact.
 - ✓ A clear description of the reason for and nature of the contact. The description must link the contact to a specific care plan goal or activity.
 - ✓ The results of the contact including whether the goal or activity specified in the care plan was achieved.
 - ✓ The length of time of the contact (the number of minutes or the exact time, e.g., 9:15-10:05 a.m.).
 - ✓ Where or how the contact was made.
- Referrals and follow up. The need for referrals must be identified in the care plan. The record should indicate whether the member declined a service identified in the care plan.

- All pertinent correspondence (to the member or on behalf of the member) relating to coordination of the member's care.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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