

MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER

December 27, 2022

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CASEY ANGRES  
MANAGER OF DIVISION COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES  
CHAPTER 2500-CASE MANAGEMENT

**BACKGROUND AND EXPLANATION**

Revisions to Medicaid Services Manual (MSM) Chapter 2500 – Case Management are being proposed to ensure that duplication of services does not occur for a single Medicaid recipient who is enrolled in both a Managed Care Organization (MCO) and a Certified Community Behavioral Health Clinic (CCBHC). Language in MSM Section 2502.3, Lead Case Manager, clarifies when a recipient is eligible for an MCO, it is the responsibility of the Lead Case Manager to ensure the identified MCO is notified of the recipient's participation in Targeted Case Management (TCM), in addition to coordinating all care with the MCO.

Throughout the section, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering Case Management Services. Those provider types (PT) include but are not limited to Targeted Case Management (PT 54), CCBHC (PT 17 Specialty 188), Behavioral Health Outpatient Treatment (PT 14).

Financial Impact on Local Government: No financial impact is currently anticipated for local government as a result of this change.

These changes are effective: December 28, 2022.

<b>MATERIAL TRANSMITTED</b>
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MTL OL  
MSM 2500- Case Management

<b>MATERIAL SUPERSEDED</b>
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MTL 05/19  
MSM 2500- Case Management

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
<b>2502.3</b>	<b>Lead Case Manager</b>	Added clarifying language to the Lead Case Manager's in ensuring case management services are not duplicated between TCM and CCBHCs.

<b>DRAFT</b>	<b>MTL-05/19OL</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2502
MEDICAID SERVICES MANUAL	Subject: POLICY

- c. Identifies a course of action to respond to the assessed needs of the eligible recipient.
3. Referral and related activities (such as scheduling appointments for the recipient) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
4. Monitoring and follow-up; activities include activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and may be with the individual, family members, service provider or other entities or individuals. The monitoring should be conducted as frequently as necessary, and include at least one annual monitoring, to help determine whether the following conditions are met:
  - a. Services are being furnished in accordance with the individual's care plan.
  - b. Services in the care plan are adequate.
  - c. There are changes in the needs or status of the eligible recipient.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Monitoring may involve either face-to-face or telephone contact, at least annually.

### 2502.3 LEAD CASE MANAGER

The Lead Case Manager is only used if a recipient is included in more than one target group at a given time. ~~or is eligible to receive case management services from different programs (i.e. Certified Community Behavioral Health Centers (CCBHC), MCO, or governmental agencies). The Lead Case Manager is a case manager and represents Severely Emotionally Disturbed (SED) children and adolescents or Seriously Mentally Ill (SMI) adults.~~ The Lead Case Manager coordinates the recipient's care and services with another case manager. The Lead Case Manager is responsible for coordinating the additional case management services, whether or not, chronologically, the Lead Case Manager was the original or the subsequent case manager. ~~When a recipient is eligible for a MCO, it is the responsibility of the Lead Case Manager to ensure that the identified MCO is notified of the recipient's participation in targeted case management. The Lead Case Manager will coordinate all care with the MCO to ensure there is an elimination of any potential for a duplication of services.~~