

Appendix C – Life Skills for New Mothers

Case Management - \$14.53/unit (unit = 1/4 hour)

Case Management consists of services that help participants gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services. Case Management does not include direct delivery of medical, clinical, or other direct services. Case Management is on behalf of the participant, not to the participant, and is management of the case, not the participant. Case Management must provide direct assistance in gaining access to needed medical, social, educational, and other services. Case Management includes referrals to services and activities or contacts necessary for continuity of care.

Case Management may include:

- *Needs Assessment:* Focusing on needs identification of the participant to determine the need for any medical, educational, social, or other services. This cannot be completed each session, and should be conducted when necessary. Specific assessment activities may include:
 - Taking participant history
 - Identifying the needs of the participant
 - Completing the related documentation
 - Gathering information from other sources, such as family members or medical providers
- *Referral/Linkage:* Activities that help link the participant with medical, social, and educational providers, and/or other programs and services that are capable of providing needed rehabilitative services.
- *Monitoring/Follow-up:* Activities and contacts necessary to ensure continuity of care of the participant. The activities and contacts may be with the following:
 - Participant
 - Family members
 - Nonprofessional caregivers
 - Providers
 - Criminal Justice Providers
 - Other entities

Monitoring and follow-up are necessary to help determine if services are being furnished in accordance with the participant's recovery plan, the adequacy of the services in the treatment plan, and changes in the needs or status of the participant. However, monitoring must not include simply talking to the individual, but must include action on the part of the case manager.

- *Evaluation:* The provider must periodically reevaluate the participant's progress toward achieving the participant's goals. Based on the provider's review, a

determination would be made whether changes should be made. Time devoted to formal supervision of the case between provider and licensed supervisor are included activities and should be documented accordingly. The supervision must be documented appropriately and billed under one provider only.

- Clinicians may bill up to a maximum of 30 minutes (2 units) of case management when completing Prior Authorizations. Please note, if the PA does not take 30 minutes to complete, you may not bill for both units, you will need to bill for the time it took to complete up to 30 minutes. When completing a Prior Authorization please note that answering all the questions completely is required and not an optional part of the process. It will expedite the approval process and reduce the likelihood of a denial if all the directions are followed. Should you need to select multiple services for a prior authorization, you will need to complete individual prior authorization forms for each service that you are requesting.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers; Other Behavioral Health Providers

Exclusions: The actual or direct provision of medical services or treatment is excluded. Examples include, but are not limited to:

- Training in daily living skills
- Training in work skills and social skills
- Grooming and other personal services
- Training in housekeeping, laundry, or cooking
- Transportation services
- Individual, group, or family therapy services
- Crisis intervention services
- Informal or brief interactions discussing client case
- Services that go beyond assisting the participant in gaining access to needed services. Examples include, but are not limited to:
 - Paying bills and/or balancing the recipient's checkbook
 - Traveling to and from appointments with recipients
 - Court-ordered reports
 - Assistance completing Medicaid application or redetermination documentation
- Meeting the participant for "talking session" as a case manager with the exception of the initial and continuity of care meetings.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact
- Rendering staff name

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category.

Skills Training and Development

Skills Training and Development involves face-to-face contact with the participant and/or family or nonprofessional caregivers that result in the participant's development of skills (for example, self-care, daily life management, or problem-solving skills), in an individual setting or group setting, directed toward eliminating psychosocial barriers. Development of skills is provided through structured interventions for attaining goals identified in the recovery plan and the monitoring of the participant's progress in achieving those skills. Participants are expected to show benefit from Skills Training and Development, with the understanding that improvement may be incremental. Skills Training and Development must result in demonstrated movement toward, or achievement of, the participant's treatment goals identified in the recovery plan. Skills Training and Development includes monitoring the impact of training acquisition (i.e. structured opportunities for participant to demonstrate skills acquisition and improved functioning as a result). Skills Training and Development aims to restore participant's abilities essential to independent living (i.e. self-care and daily life management skills).

Provide skills training specific to illness self-management. Skills training and development (individual or group) is limited to one (1) hour per day with a maximum of two (2) hours per week per individual billed under either individual or group.

Individual

Unit = ¼ hour

Rate = \$26.14

Group

Unit = ¼ hour

Rate = \$4.71