Documenting Targeted Case Management Services

**CASE MANAGEMENT GUIDELINES:**

- You must be the student’s Case Manager (the person responsible for the student’s IEP/IFSP) to bill for CM services.
- There may be only *ONE* Case Manager per student.
- To bill Medicaid, the student’s IEP/IFSP must prescribe at least one direct service to address a ‘medical’ disability. These services include: Psychology, Social Work, OT, PT, Nursing, Speech, Audiology, Orientation and Mobility.
- You may NOT bill for the initial Eligibility Determination or IEP/IFSP. CM services start *AFTER* the student is certified as Special Education.

### 1] SBS: SPECIAL EDUCATION STUDENTS

<table>
<thead>
<tr>
<th>T1024 TM</th>
<th>1] SBS: IEP/IFSP Participation [T1024 TM]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending the IEP or IFSP meeting.</td>
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*Please note:* Preparation for the IEP/IFSP meeting must be entered as Case Management. Preparation includes activities such as sending out invitations, gathering documents, discussing student needs with other providers, etc.

<table>
<thead>
<tr>
<th>T2023</th>
<th>1] SBS: Targeted Case Management Services [T2023]</th>
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<tbody>
<tr>
<td>Coordinating the performance of evaluations, assessments and other services that the student needs.</td>
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<tr>
<td>Assuring that standard re-examination and follow-up are conducted on a periodic basis to ensure that the student receives needed diagnosis and treatment.</td>
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<tr>
<td>Follow-up to ensure that the student receives needed diagnostic and treatment services.</td>
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<tr>
<td>Assisting families in identifying and choosing the most appropriate providers of care and services, scheduling appointments and helping families maintain contact with staff and outside providers.</td>
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<tr>
<td>Assuring that case records are maintained and indicate all contacts with, or on behalf of, the student.</td>
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<tr>
<td>Activities that support linking and coordinating needed health services for the student.</td>
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<tr>
<td>Coordinating school based services and treatment with parent and child.</td>
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<tr>
<td>Facilitating and participating in the development, review, modification and evaluations of the IEP/IFSP or Manifestation Determination Review meeting.</td>
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<tr>
<td>Monitoring and recommending a plan of action.</td>
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<tr>
<td>Summarizing provider, parent and student consultation.</td>
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<tr>
<td>Coordinating with staff/health professionals to establish a continuum of health and behavioral services in the school setting.</td>
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### 2] NON-BILLABLE DOCUMENTATION

| 2] Non-Billable: Early On Evaluation - Use to log evaluation for EO services. |
| 2] Non-Billable: Early On Family Training: Group - Use to log family training provided in a group setting. |
| 2] Non-Billable: Educational Accommodations Delivered – Use to document the student received an accommodation. |
| 2] Non-Billable: Educational Group Accommodations Delivered – Use to document the group received an accommodation. |
| 2] Non-Billable: Home Visit – Use to record Home Visits at the student’s home. |
| 2] Non-Billable: Initial IEP/IFSP – Use to document a student’s initial IEP or IFSP meeting. |
| 2] Non-Billable: Manifestation Determination Review – Meeting determining if the behavior is related to the student’s disability. |
| 2] Non-Billable: No School Day – use to note no school day. Start time = time intended to work with student |
| 2] Non-Billable: Provider Absent – Use to note provider absence. Start time = time intended to work with student. |
| 2] Non-Billable: Provider not Available – Use to note provider not available. Start time = time intended to work with student. |
| 2] Non-Billable: Record Keeping – Use for any student record keeping purposes you want to track. |
| 2] Non-Billable: Report Writing – Use to document the time it takes to write evaluation/report |
| 2] Non-Billable: Student Absent – Use to report Student Absent. Start Time = time you intended to work with the student. |
| 2] Non-Billable: Student Not Available – Use to log that student was not available. Start Time = time you intended to work with the student. |
| 2] Non-Billable: Student Observation – Use to document time observing students for evaluation purposes. |
| 2] Non-Billable: Student Refused Service – Use to document student refusing service. |

**Program 270 – Early On Work on Goals** - ONLY use this option if you are delivering services under Program 270.

**Program 270 – Early On Work on Goals Group** - ONLY use this option if you are delivering services under Program 270.

**Work on Goals Group – Non-Billable** – Use to document goal progress as stated in the schedule of the student’s IEP with similar goals.

**Work on Goals Individual – Non-Billable** – Use to document goal progress as stated in the schedule of the student’s IEP.
GENERAL SERVICE INFORMATION
• Service entry is due within 10 days of service delivery.
• Service comments must include enough detail to allow reconstruction of what transpired for each service.

CASE MANAGEMENT TIPS:
• Please complete all required fields in the Service Log.
• If your service relates to a ‘medical’ service on the student’s IEP/IFSP, select the T2023 procedure code.
• If you attended an IEP Meeting, select the T1024 procedure code.
• Enter comments that relate to the service that you provided. Be detailed and specific.
• Select the areas covered/assessed by using the dropdowns at the bottom of the service log page.
• Monthly Progress Summaries are required for Medicaid eligible students.

STAFF QUALIFICATIONS:
• A bachelor degree with a major in a specific special education area; or
• Has earned credit in course work equivalent to that required for a major in a specific special education area; or
• Has a minimum of three years personal experience in the direct care of an individual with special needs.

SUPERVISION & UNDER THE DIRECTION for Personal Care

1.4 UNDER THE DIRECTION OF AND SUPERVISION for Personal Care
(Taken from the MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES PROVIDER MANUAL DATED October 2017)
Certain specified services may be provided under the direction of or under the supervision of another clinician. For the supervising clinician, "under the direction of" means that the clinician is supervising the individual's care which, at a minimum, includes seeing the individual initially, prescribing the type of care to be provided, reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. "Under the direction of" requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.
Please note, if you work with an aide that provides Medicaid billable Personal Care Services, you are required to review and sign off on all personal care logs.

Help Desk Contacts:
General questions regarding Medicaid, Service Capture, or PowerSchool Special Education can be answered by contacting:

Erin Burcham
eburcham@eatonresa.org
(517) 541-8742

False Claims Act
The Federal False Claims Act, among other things, applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits among other things:
- Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
- Knowingly making or using, or causing to be made or used a false record or statement in order to have a false or fraudulent claim paid or approved by the government;
- Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
- Knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

Any person who knowingly attempts to defraud the federal government is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person.
"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.
Examples of Medicaid Fraud:
• Billing for medical services not actually performed
• Providing unnecessary services
• Billing for more expensive services
• Billing for services separately that should legitimately be one billing
• Billing more than once for the same medical service
• Giving or accepting something of value (cash, gifts, services) in return for medical services, (i. e., kickbacks)
• Falsifying cost reports
• Billing for missed appointments

**Reporting Suspected Fraud or Abuse**
Eaton RESA is committed to ensuring that all coding, billing and reimbursement procedures comply with all federal and state laws. The “back-end” billing system, MeduClaim provided by CompuClaim, has been designed to limit the recording of services to those procedure codes that are appropriate for the user’s profession and only up to the maximum amount allowed per day or month. However, the system cannot ensure that the services were provided as stated, that they were medically necessary or were not false or misleading.

In most cases, an employee's supervisor is in the best position to address an area of concern. Supervisors and managers are required to report suspected violations to the Compliance professional, Erin Burcham, who has specific and exclusive responsibility to investigate all reported violations regarding the filing of false or fraudulent claims. **If you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak directly to the compliance professional, Erin Burcham.**

Erin Burcham  
Eaton RESA  
Medicaid Coordinator  
1790 E. Packard Hwy.  
Charlotte, MI 48813  
eburcham@eatonresa.org  
517-541-8742

The following information is preferred when reporting suspected fraud or abuse:  
Nature of the complaint  
The names of those involved in the suspected fraud and/or abuse, including their address, phone number, Medicaid identification number, date of birth (for beneficiaries), and any other identifying information if available/applicable.

You may also report suspected fraud and abuse by:
• Submitting an online complaint form:  
  [http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-220056--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-220056--,00.html)  
• Phone: 1-855-MI-FRAUD (643-7283) (voicemail available for after hours)

**Whistle Blower Protection Act**
Staff reporting suspected fraud, waste and abuse are protected under the Whistle Blower Protection Act. Employers cannot discharge or cause the constructive discharge or discriminate against an employee because the employee or a person acting on behalf of the employee reports or is about to report a violation of local, state or federal law to a public body or is requested by a public body to take part in an investigation, hearing, inquiry or court action. Protections do not apply if the employee knows the report to be false.
Case Management (T2023) Billable Services:

The indirect activities listed below should be logged as Case Management (T2023). Please log up to one Case Management (T2023) per day/per student. Often, many services can transpire on the same day. When this occurs, use the Provider Note section to explain the range of services you have provided and select multiple Areas Covered/Assessed at the bottom of your Service Capture.

- Contacting service providers regarding student’s IEP progress
- Coordination meetings to discuss plan of care progress and all related preparation
- Scheduling services
- Making referrals and scheduling appointments for needed services (vision/hearing screens, etc.)
- Completing forms or reports requested by student’s physician
- Communicating with other agencies regarding services (FIA, outside therapy agencies, student’s doctor, etc.)
- Linking parents with providers (providing contact information, scheduling appointments)
- Assist families with questions re: providers and available services
- Communicating with student’s family about IEP goals/services
- Scheduling conference times with parents and service providers
- Attending conferences with student’s family to review IEP progress
- Discussing student progress with service providers
- Reviewing IEP to ensure services are being provided as specified in the IEP
- Reviewing IEP to determine progress in goal areas
- Setting up therapy schedule for student (OT, PT, speech, etc.)
- Coordinating behavior intervention meetings with team members
- Making necessary arrangements or adjustments if there are any changes in the needs or status of the student
- Collaborating with service providers to develop IEP goals/objectives
- Reviewing, organizing and updating student files/CA-60s
- Updating and collecting student health forms
- Reviewing psychology reports
- Identifying the student’s needs and completing related documentation
- Coordinating and scheduling REED/MET
- Gathering documents necessary for assessment or referrals
- Coordinating services with principals and counselors
- Developing IEP
- Notifying participants of meeting (phone calls, letters, email)
- Updating student contact information
- Scheduling IEP/IFSP (sending out IEP invites)
- Gathering documents necessary for IEP/IFSP
- Coordinating transition plans meetings

IEP/IFSP Participation (T1024):

Enter IEP/IFSP Participation (T1024) when logging for your attendance at the student’s IEP meeting or if amending the IEP. The date of service is the date the IEP meeting was held. Please do not use this code for the student’s initial IEP meeting.

*All prep work for the IEP meeting should be documented as Case Management (T2023).*
**Case Manager Documentation Examples with Solid Provider Notes:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Service Type</th>
<th>Provider Notes</th>
<th>Areas Covered/Assessed</th>
</tr>
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<tbody>
<tr>
<td>9/8/2015</td>
<td>Case Management (T2023)</td>
<td>Reviewed Anne’s file and IEP to determine services for the new school year. Anne receives direct OT and Speech services.</td>
<td>Follow-up to ensure the student receives diagnostic and treatment services.</td>
</tr>
<tr>
<td>9/9/2015</td>
<td>Case Management (T2023)</td>
<td>Made contact with speech and OT regarding Anne’s services and schedule – OT therapy will be Tuesdays and Speech on Monday &amp; Thursday.</td>
<td>Follow-up to ensure the student receives diagnostic and treatment services.</td>
</tr>
<tr>
<td>9/11/2015</td>
<td>Case Management (T2023)</td>
<td>Prepared and distributed accommodations sheets to help ensure student success.</td>
<td>Coordinating the performance of evals, assessments and other services.</td>
</tr>
<tr>
<td>9/15/2015</td>
<td>Case Management (T2023)</td>
<td>Met with behavioral specialist, social worker and other teachers regarding behaviors student is exhibiting. A behavior plan is being recommended. Parents contacted and informed of situation.</td>
<td>Monitoring and recommending plan of action.</td>
</tr>
<tr>
<td>9/18/2015</td>
<td>Case Management (T2023)</td>
<td>Developed behavior plan with IEP team to address recent behavior issues. Implementation to begin next Monday.</td>
<td>Monitoring and recommending plan of action.</td>
</tr>
<tr>
<td>9/30/2015</td>
<td>Monthly Progress Summary (00000)</td>
<td>Met with service providers to discuss Anne’s needs and schedule for the upcoming school year. IEP reviewed and accommodations distributed. Anne has been struggling with behavior issues. One particular incident led to suspension. A behavior plan has been implemented and her progress will be monitored.</td>
<td>Monthly Summary</td>
</tr>
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