

Case Management Overlap

These case management/service coordination and hierarchy guidelines of the Department of Health and Human Services are intended to assist Early Interventionists in understanding their roles and their service reporting responsibilities when a DDSN child has multiple Medicaid funded case managers.

Some children who are dually diagnosed or have complex social and/or medical problems may require services from more than one case management provider to be successfully managed and/or integrated into the community. The needs and resources of each child may change over time as well as the need for case management services from another provider. Case management providers must work closely and cooperatively if recipient needs are to be adequately met and duplication of services and Medicaid payments are to be avoided. A system must exist within each case management program to assure that service providers are communicating, coordinating care and services, and adequately meeting each child's need.

Case Management Hierarchy Guidelines:

A primary case manager as well as a secondary provider for each overlapping situation has been determined. The Primary Case Manager, shall: a) ensure access to services, b) arrange needed care and services, c) monitor the case on an on-going basis, d) provide crisis assessment and referral services, e) provide needed follow-up, and f) communicate (telephone or face-to-face) regularly with other involved agencies/providers.

Concurrent Care shall be rendered to an individual in which another provider has been designated the Primary Case Manager. The Concurrent Care provider shall timely notify the Primary Case Manager about: a) changes in the client/family situation they have identified, b) needs, problems or progress, c) required referrals and, d) treatment/service planning meetings. The Concurrent Care provider will render different, distinctive types of services from the Primary Case Manager. Billing is restricted to specific activities.

Ancillary Service providers will render treatment related case management –like services. Ancillary Services procedure codes have been set up for each Ancillary Services provider.

MEDICAID CASE MANAGEMENT OVERLAP AND HIERARCHY

These case management and hierarchy guidelines of the Department of Health and Human Services are intended to assist Service Coordinators in understanding their roles and their service reporting responsibilities when a DDSN consumer has multiple Medicaid-funded case managers.

CASE MANAGEMENT OVERLAP

Some individuals who are dually diagnosed or have complex social and/or medical problems may require services from more than one case management provider to be successfully managed and/or integrated into the community. The needs and resources of each individual may change over time as well as the need for case management services from another provider. Case management providers must work closely and cooperatively if the recipient's needs are to be adequately met and duplication of services and Medicaid payments are to be avoided. A system must exist within each case management program to assure that service providers are communicating, coordinating care and services, and adequately meeting individual needs

CASE MANAGEMENT HIERARCHY GUIDELINES

A Primary Targeted Case Manager as well as a secondary provider for each overlapping situation must be determined. The Primary Case Manager shall: a) ensure access to services, b) arrange needed care and services, c) monitor the case on an ongoing basis, d) provide crisis assessment and referral services, e) provide needed follow-up, and f) communicate (by telephone or face-to-face) regularly with other involved agencies/providers.

Concurrent Care shall be rendered to an individual to which another provider has been designated the Primary Case Manager. The Concurrent Care provider shall, in a timely manner, notify the Primary Case Manager about: a) changes in the individual/family's situation they have identified, b) needs, problems or progress, c) required referrals, and d) treatment/service planning meetings. The Concurrent Care provider will render different, distinctive types of services from the Primary Case Manager. Billing is restricted to specific activities.

Concurrent service providers will render treatment related, case management-like services. Ancillary Services procedure codes have been set up for concurrent service providers.

If overlap occurs, these guidelines shall be followed:

CCEDC/IFCCS: Overlap between these two programs is not permissible, except when cases are transitioning between the two agencies

DMH/IFCCS: IFCCS primary case manager with DMH providing concurrent care

DJJ/IFCCS: IFCCS primary case manager with DJJ providing concurrent care

CCEDC/Sickle Cell: CCEDC primary case manager with Sickle Cell providing concurrent services.

CCEDC/DDSN Service Coordination: CCEDC primary case manager with DDSN providing concurrent care.

CCEDC/DDSN Early Intervention (EI): CCEDC primary case manager with EI providing concurrent care.

CCEDC/DMH: CCEDC primary case manager with DMH providing concurrent services.

CCEDC/DAODAS: CCEDC primary case manager with DAODAS providing concurrent services.

CCEDC/CLTC: CLTC primary case manager with CCEDC providing concurrent care.

CCEDC/SCSDB – Commission For Blind: CCEDC primary case manager with SCSDB – Commission for Blind providing concurrent care.

CCEDC/DJJ: CCEDC primary case manager with DJJ providing concurrent care.

DDSN Service Coordination/DDSN Early Intervention: Overlap is not permissible.

DDSN/IFCCS: IFCCS primary case manager with DDSN providing concurrent care.

DDSN/DMH: DDSN primary case manager with DMH providing concurrent services.

DDSN/DAODAS: DDSN primary case manager with DAODAS providing concurrent services.

DDSN/Sickle Cell: DDSN primary case manager with Sickle Cell providing concurrent services.

DDSN/SCSDB – Commission For Blind: SCSDB – Commission for Blind primary case manager with DDSN providing concurrent care.

DDSN/CLTC: CLTC primary case manager with DDSN providing concurrent care. DDSN primary case manager for children (0 to 18) receiving CLTC Personal Care Aide Only services.

DDSN/ DSS Adult Services: DDSN primary case manager with DSS providing concurrent care.

DDSN/DJJ: DDSN primary with DJJ providing concurrent care.

DDSN Early Intervention/DMH: DDSN primary case manager with DMH providing concurrent services.

DDSN Early Intervention/DAODAS: Overlap not anticipated.

DDSN Early Intervention/Sickle Cell: DDSN primary case manager with Sickle Cell providing concurrent services.

DDSN Early Intervention/SCSDB – Commission For Blind: SCSDB primary case manager with DDSN providing concurrent care. DDSN primary case manager with Commission for Blind providing concurrent care.

DDSN Early Intervention/CLTC: CLTC primary case manager with DDSN providing concurrent care.

DDSN Early Intervention/DSS IFCCS: DDSN primary case manager with DSS providing concurrent care.

DMH/DJJ: DMH primary case manager with DJJ providing concurrent care

KEY:

CCEDC	= Continuum of Care for Emotionally Disturbed Children
CLTC	= Community Long Term Care
DAODAS	= Department of Alcohol and Other Drug Abuse Services
DDSN	= Department of Disabilities and Special Needs
DJJ	= Department of Juvenile Justice
DMH	= Department of Mental Health
DSS	= Department of Social Services
IFCCS	= Intensive Foster Care and Clinical Services
SCSDB	= South Carolina School for the Deaf and the Blind

OTHER CRITERIA/SPECIAL RESTRICTIONS

1. Each provider shall be responsible for: a) attempting to identify during the intake process whether an applicant is already receiving case management services from another Medicaid provider and b) notifying any other involved Medicaid case management providers of an applicant's request for services.
2. Each provider must bill Medicaid according to Case Management Hierarchy Guidelines for each individual receiving case management services from another Medicaid provider.
3. Needed services should never be denied to an individual because another provider has been designated the Primary Case Manager.
4. Each provider shall timely notify other involved agencies or providers if an individual in an overlapping situation terminates their services.

EXCEPTIONS TO THE HIERARCHY/RESOLUTION PROCESS

Each provider is encouraged to resolve any exceptions to the Case Management Hierarchy at the local level. When an exception exists, these guidelines must be followed:

1. If a Concurrent Care provider is predominantly meeting the treatment and service needs of the individual OR if the Primary Case Manager has failed to adequately coordinate care and services, the Concurrent Care provider may initiate contact with the Primary Case Manager at the local level to request a change in the Primary Case Manager. A meeting should be set up between the two agencies to discuss the feasibility of a change in the Primary Case Manager.
2. Contacts (telephone or face-to-face) between the Concurrent Care provider and the Primary Case Manager concerning a change in Primary Case Manager as well as the final determination of a Primary Case Manager must be documented in each provider's case management record. Although documentation of these activities is required, the activities are administrative and are not reimbursable by Medicaid.
3. If the state agency or main office administrators are unable to reach a determination of the most appropriate Primary Case Manager, the case should be referred to the Department of Health and Human Services for review.

4. The Department of Health and Human Services may make the determination of the most appropriate Primary Case Manager or may request that a team of other agency representatives make the determination.
5. The involved Medicaid providers will be notified within forty-five (45) days after the case is received by the Department of Health and Human Services whether a change in the primary case manager is warranted.