

DDD-PI-092

TO: Regional DD Program Administrators

FROM: Gene Hysjulien, Director
Disability Services Division

DATE: February 6, 2004

SUBJECT: DD Case Management Amount and Frequency

During the 2003 DD/MR Waiver Review conducted by the Centers for Medicare and Medicaid, the issue of the DD Case Management amount and frequency authorized on the Case Plan/ISP was raised, because it did not correspond to the amount of DD Case Management provided/utilized/billed for a number of consumers. This policy will describe process for authorization, utilization and billing for DD Case Management so that the intent and practice is clear.

42 CFR 441.351 (f) and section 4442.6 of the State Medicaid Manual, requires that the plan include the content of the plan of care, medical and other services to be given, their frequency, and the type of provider to furnish them. North Dakota DD Case Management utilizes the Case Plan in ASSIST to list all authorized DD/MR Waiver services, including DD Case Management, and all other services the individual receives regardless of funding source.

The amount and frequency of DD Case Management listed on the plan is the minimum anticipated to be provided to a waiver recipient during a particular time period. It does not reflect the actual amount of DD Case Management that will be provided, or the amount that is allowed for each consumer. North Dakota does not limit or cap the amount and frequency of DD Case Management. In fact, it is expected that DD Case Managers will be available to individuals receiving services whenever the individual requires it, particularly during times of transition, crisis, or other individual circumstances and needs of the family or provider.

The Case Plan/ISP is not used as a billing document for DD Case Management under the waiver. The actual billing and audit trail for financial accountability for the waiver is accomplished through the MMIS system. In section 4442.10 of the State Medicaid Manual, the Center for Medicaid Services states the audit trail must begin at the point of service to the consumer and follow through to the claim for FFP (federal financial participation). To assure this requirement, DD Case Managers must maintain supporting documentation of all DD Case Management activity billed to the waiver in the progress notes section of the individual file, including those units that exceed the anticipated minimum.

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