Discussion Points for CW-TCM Training: December 2011

CW-TCM ASSESSMENTS (Eligibility and Case Finding)

1. What needs to be entered on the SSIS CW-TCM eligibility screen?
   Answer: There are three components needed for a CW-TCM assessment: the eligibility criteria the child meets, an explanation as to why the child meets the criteria (case finding), and the CW-TCM services that are needed.

2. Does a CW-TCM finding always need to be entered or is it sufficient for a social worker to enter a case note that documents the child’s need for case management services?
   Answer: A case finding is part of the required documentation to bill for CW-TCM services. The case finding box on the CW-TCM Eligibility screen in SSIS is the appropriate place to enter the case finding and describe why the child is eligible for CW-TCM. Entering the case finding in a case note would be difficult for an auditor to identify.

3. What is an example of a good case finding?
   Answer: The CW-TCM assessment has three components: the eligibility criteria the child meets, an explanation why the child meets that criteria, and the CW-TCM services that are needed. An example of a good CW-TCM assessment and case finding is, “Anna is in need of protection and services due to neglect; Anna, age 4, was left alone when her mother went out drinking. Anna is in need of CW-TCM services and referrals will be made to evaluate her medical, educational and behavioral needs and appropriate services will be implemented when the assessments are completed.”

4. What are some examples of unacceptable assessment case findings?
   Answer: Examples of unacceptable assessments:
   • “Anna needs CW-TCM services because her mother is chemically dependent.”
   • “Anna’s mother left Anna alone and a maltreatment assessment will be completed.”
   • “Anna is at risk and needs CW-TCM services.”
   The first statement identifies issues that pertain to the mother, not the child. The second example specifies a direct service to be provided (maltreatment assessment) which is not an allowable claim under CW-TCM. The third example is too vague and doesn’t state why the child is at risk or what services are needed.

5. Should there be two separate statements in the case file -- one for the assessment and another one for case management once the assessment is completed?
   Answer: Information that must be in each child’s case file includes:
   • The assessment of eligibility to receive CW-TCM services, which is the determination that the child is eligible to receive services and which condition of eligibility the child meets
   • The case finding, which identifies that case management is necessary and will be provided.
   The assessment and case finding can be documented as one statement: The following is an example of an assessment and case finding: “Janie is in need of protective services due to ______ or because of_____ and will be provided with CW-TCM services.”
6. Some children don’t fit into any one eligibility category, such as delinquency, some child welfare cases, etc. Are these children eligible for CW-TCM?
   Answer: Some of the children may be eligible for CW-TCM and others may not. The child would have to meet the eligibility criteria determined in statute for “being at risk of placement” (260C.212.Subd. 1), “at risk of maltreatment or experiencing maltreatment” (626.556 subd. 10e), or “in need of protection or services” (260C.007). A child that is delinquent is not categorically eligible for CW-TCM services. If the child is eligible for CW-TCM services, a case assessment, case finding and case plan must be documented.

7. Are children receiving DD waivers eligible for CW-TCM?
   Answer: Children on DD waivers are entitled to all MA benefits including CW-TCM if they meet the CW-TCM eligibility criteria according to the CW-TCM statute and are in need of CW-TCM services. DD children are not categorically eligible for CW-TCM due to their disability, and the services provided must be separate and distinct from the DD waiver services.

**CW-TCM CASE PLANS**

8. On the Eligibility screen in SSIS, are counties required to document case findings on the screen or can the word “other” be used to indicate the case finding and case plan?
   Answer: Entering the word “other” for the case finding/case plan box does not meet documentation requirements as specified in Minn. statute. It does not identify why the child meets the CW-TCM eligibility criteria and it does not identify a case plan.

9. Is there a reason that SSIS doesn't have a separate CW-TCM plan that workers can use?
   Answer: A separate CW-TCM case plan is not needed and would add time and additional work for workers if they had to complete duplicate case plans. CW-TCM services can be included in any case plan as long as it is identified as the CW-TCM case plan. The OHPP, Social Service plan, Child Protection Plan, etc., are some of the plans that can be used to create a CW-TCM case plan as long as the portion of the plan that pertains to CW-TCM is clearly identified.

10. In the CW-TCM Eligibility screen in SSIS (CW-TCM Service Plan section), do both the Service Plan Type and Date and also the Finding and Plan statement need to be filled out? Is it acceptable to fill out only one?
    Answer: Both of them need to be completed. CW-TCM requires that a case finding and a case plan be completed prior to any claiming. The finding can be entered into the case finding box in SSIS on the CW-TCM Eligibility screen. If a separate CW-TCM service plan is not being written, then the service plan being used as the CW-TCM service plan needs to be clearly identified and the date it was created entered in the appropriate box.

11. Can the services the court orders be used as the CW-TCM case plan?
    Answer: The services ordered by the court should be included in the case plan but the court order itself is not a case plan. The CW-TCM case plan has to be clearly identified and must include services, goals, action steps, person responsible for implementation, timelines for completion, and signatures of everyone responsible for the case plan’s success.
12. On the CW-TCM Eligibility screen in SSIS there is a box for the CW-TCM case finding and case plan. Is it okay to write a short case plan in this box until the 30-day case plan is written?

**Answer:** A case plan can be written in this box; however, it must contain all the required components of a case plan: service needs, services to be provided, goals, action steps timelines, person responsible, and signatures of the people responsible for implementing the plan. The statute does not allow omitting any of the components.

13. Does the case plan have to be so specific to the child, or can case plans be more family focused, especially in the in-home cases?

**Answer:** The case plan must include case management services for the child. The case plan can include family-focused services, but the CW-TCM piece needs to be clear and specific to the individual child.

14. If the OHPP date changes will that change the CW-TCM eligibility effective date?

**Answer:** The case plan date is separate from the eligibility date. The date entered on the Supplemental Eligibility screen in SSIS regarding eligibility criteria the child meets is autofilled as the CW-TCM effective start date. That CW-TCM effective date does not change even if the case plan date changes. The case plan needs to be reviewed annually and that date is entered on the Eligibility screen by clicking on the Annual Review tab date.

15. When a child is placed through an inter-state compact, can the case plan from the other state be used as the CW-TCM case plan?

**Answer:** Any case plan that is being used for the child can be designated as CW-TCM case plan. If the initial case plan submitted from the other state is used, it must be labeled as the CW-TCM case plan and must include the required components of a case plan. Case plans need to be reviewed annually and signed by everyone responsible for its implementation.

**CONTACT DOCUMENTATION**

16. How are multiple contacts for the same client documented in SSIS?

**Answer:** All client contacts and information necessary for claiming should be entered into SSIS for each contact made. For example, if you have three client contacts in one month, enter all client contacts in SSIS. The first claim is paid but all the other claims documented that month could be reviewed in an audit to ensure a valid claim was made.

17. Do all contacts have to be documented in SSIS?

**Answer:** Yes, all counties and two tribes (White Earth and Leech Lake) are required to enter all child welfare service information (including CW-TCM) in SSIS.

18. If all the children receiving CW-TCM from one family are seen on a home visit can a CW-TCM claim be made for each child?

**Answer:** Yes, as long as there is documentation in the case note for each child that a CW-TCM service was provided. The child’s name and the service provided needs to be identified in the case note for the contact.
19. If the contact is only with the parent regarding the parent’s service needs, but the children are also seen in the same contact, can a CW-TCM claim be made?
Answer: No. To claim CW-TCM the documented contact must include claimable activities for the child. If only the parent’s service needs are discussed during the face-to-face contact a CW-TCM claim cannot be made. Refer to claimable CW-TCM activities listed in the MHCP Provider manual.

DUAL CASE MANAGEMENT

20. Who may submit claims in a month when dual case management is provided?
Answer: When there is dual case management and multiple service providers, including county (certified provider) contracted vendor and/or tribal case manager, one claim may be submitted from each service provider for the month they provided and documented CW-TCM services.

21. If both MH-TCM and CW-TCM are being claimed, does there have to be separate contacts for each service?
Answer: It is possible to have one contact with the family but there needs to be two separate time record entries recorded in SSIS to create a CW-TCM and an MH-TCM claim. The two services must be distinctly different from each other and the documentation must be very clear for each type of case management service provided. The child must be eligible for each service according to the criteria set in statute. One contact having two claims for two services would likely be scrutinized in an audit. Whenever possible, it would be better to have separate contacts for each claim.

22. What happens if one case manager provides two separate services, such as CW-TCM and MH-TCM?
Answer: A child who meets the eligibility criteria for both CW-TCM and MH-TCM may receive MH and CW case management services from the same agency and/or case manager. It is possible that both services may be claimed in the same month. MH-TCM and CW-TCM are two different services and have different statutory requirements that must be met in order to claim for each type of case management.

CLAIMING

Claiming CW-TCM when the case is in assessment

23. When conducting a child protection assessment, can CW-TCM claims be made?
Answer: The assessment to determine if a child meets one of the eligibility criteria to receive CW-TCM services is not a covered service under CW-TCM. Child protection assessments are also not claimable under CW-TCM. (Minnesota Statutes, section 256B.094 subd.8. This statute has been in effect since 1993.)

24. If CW-TCM is not available under assessment, then why is the BRASS 104 listed as a possible BRASS code to use to claim?
Answer: There are circumstances when a case is in assessment (BRASS code 104) when CW-TCM can be claimed. DHS CW-TCM Bulletin #10-68-08 page 14 addresses claiming in assessment. It states that there may be circumstances where it is appropriate
to claim CW-TCM services provided during an assessment if all requirements and documentation are completed. CW-TCM services provided during an assessment must be specific services that address the unique needs of a child as described in a case plan. An example of a CW-TCM claimable activity during a child welfare or child protection assessment might be the caseworker making an immediate referral for a child to be evaluated such as the child having night terrors or behavior problems and needing immediate attention. Claiming in assessment can occur if there is an eligible CW-TCM activity that is provided.

25. Why can’t each county have the capability to decide if CW-TCM claims can be made when a case is open in assessment?
Answer: CW-TCM laws and policy need to be consistent for all counties throughout the state for valid claims to be made.

26. If an assessment worker sees the child on an initial visit and then has another contact with the child with the parent, is this second contact claimable?
Answer: Not all contacts are claimable for CW-TCM. There must be a CW-TCM eligible activity to claim. Prior to any claims being made there needs to be an assessment, case finding, and case plan completed for the child.

27. If there is an open Assessment workgroup and an open Case Management workgroup and no contact is made under Case Management but a contact is made in the Assessment workgroup, can a CW-TCM claim be made?
Answer: If the assessment worker provides a CW-TCM activity for the child, the claim would be valid.

28. Can a CW-TCM claim be made when there is a face-to-face supervised contact in a child/parent visitation during the assessment?
Answer: Supervising a child/parent visitation is not a CW-TCM claimable activity because it is a direct service and not case management. However, if the worker discusses with the parent the services the child needs or is receiving during the supervised visit, then the contact is claimable.

29. Can a CW-TCM claim be made when a worker provides transportation for a child?
Answer: Transportation is not a claimable activity. However, if the worker discusses services the child may need or is receiving, or provides another CW-TCM activity during the transport, then the contact could be claimable.

30. When a child is placed in a Rule 5 residential treatment facility, can CW-TCM be claimed?
Answer: Minn. Stat. 256B.094 subd. 8 paragraph (9) states that claiming for residents in an MA-funded facility can be made when coordinating with the medical assistance facility discharge planner in the 30-day period before the client’s discharge into the community. This case management service provided is limited to a maximum of two 30-day periods per calendar year. Any other claims made when a child is in a Rule 5 facility would be at risk of duplicate claiming.

Claiming CW-TCM and MH-TCM when child is in a Rule 5 Residential Treatment Center
31. When a child is placed in a Rule 5 residential treatment facility, can MH-TCM be claimed?
   Answer: MH-TCM claims for clients in a MA funded facility can be made but are limited to 180 days. MMIS enforces this rule and claims submitted after 180 days are not paid.

32. What is the main difference between claiming MH-TCM and CW-TCM when a child is in a Rule 5 facility?
   Answer: MH-TCM can be claimed for 180 days and CW-TCM can only be claimed 30 days prior to discharge, and there can be only two 30-day discharges within a calendar year for CW-TCM.

33. Why are the claiming rules different for MH-TCM and CW-TCM?
   Answer: MH-TCM and CW-TCM are two separate services and have different statutory requirements. CW-TCM is governed by the Minn. Statutes 256B.094 and 256F.10 and MH-TCM is governed by Minn. Statute 245.4871.

OTHER CLAIMING QUESTIONS

34. What needs to be entered into SSIS to trigger a claim? Can a claim be made before the plan is signed?
   Answer: CW-TCM claiming can start once the start date is entered on the CW-TCM Eligibility screen in SSIS. The case plan does not trigger the claim and SSIS could submit a claim whether there is a case plan or not. However, if there is not a completed and signed case plan, then the claim would be disallowed in an audit.

35. When a client is age 18-21 and in foster care, and that client has a minor child who meets criteria for CW-TCM, can a claim be made for the minor parent and the child?
   Answer: Yes a claim can potentially be made for both the minor parent and the child if both of them meet CW-TCM eligibility requirements and case management services are provided. The minor parent and child must each have separate documentation regarding their eligibility, case finding, case plan and contact documentation. A child of a minor mother would not categorically be eligible for CW-TCM. If the child lives with the mother and the mother is not in placement, the child may still meet statutory requirements.

36. When one county provides courtesy supervision for another county, which county can claim CW-TCM?
   Answer: The county providing courtesy supervision and the county of financial responsibility need to negotiate who will claim CW-TCM. Only one claim is paid to a county each month; therefore, if both counties claim, only the first one submitted would be paid. The county claiming CW-TCM must document the eligibility assessment, case finding, and have a CW-TCM case plan in the child’s file.

37. Can a MN county make CW-TCM claims on Inter-state compact cases?
   Answer: In ICPC cases the child has to be receiving MA from Minnesota in order for a county in Minnesota to claim CW-TCM. If the other state is also claiming CW-TCM, then the receiving state needs to negotiate with the sending state which state will claim CW-TCM.
38. **When there is dual case management with a child between a county and tribal social service agency, can both agencies claim?**
   **Answer:** A county and tribal agency may provide CW-TCM services to the same child, coordinating with each other regarding who will provide what services. Each agency must document the assessment, case finding, and have a separate case plan. As long as services are not duplicated and are necessary to the goals of the case plan, each provider may make a CW-TCM claim.

39. **What happens in a federal audit if claims are found to be invalid?**
   **Answer:** In an audit, only a small fraction of claims are reviewed. Based on the number of disallowed claims in the review, a formula is used to determine how many of all the claims submitted would be disallowed. In the last federal audit there were 118 claims reviewed and Minnesota had to pay back over $3.5 million dollars.