

NUMBER

#20-69-02C

DATE

June 16, 2020

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Tribal Social Services

Contracted Vendors

Fiscal and Income Maintenance
Supervisors and Staff

ACTION/DUE DATE

Please read information and
prepare for implementation

EXPIRATION DATE

June 16, 2022

Revised Bulletin #20-69-02: Targeted Case Management changes for face-to-face contact requirements

TOPIC

Policy modification to targeted case management services to temporarily allow telephone and video-conferencing in place of in-person face-to-face contact during the COVID-19 pandemic.

PURPOSE

Temporary instructions for claiming Medical Assistance reimbursement for telephone and video-conferencing in place of in-person face-to-face contacts for child welfare targeted case management (CW-TCM), children's mental health targeted case management (CMH-TCM), adult mental health targeted case management (AMH-TCM), vulnerable adult targeted case management (VA-TCM), and adult with developmental disability targeted case management (DD-TCM). This bulletin replaces #20-69-02 and includes policy clarifications to the effective date of changes to face-to-face contact requirements (see Sec. II). This bulletin also addresses questions about the application of the Families First Coronavirus Response Act, Public Law Number 116-127, which provides an enhanced federal match for some MA populations (see Sec. II).

CONTACT

For child welfare targeted case management policy or fiscal questions:

- Dhs.csp.cwtcm@state.mn.us, or Luke Simonett, 651-431-4528, Luke.Simonett@state.mn.us

For adult developmental disability targeted case management policy or fiscal questions:

- Disability Services Response Center
dhs.dsd.responsecenter@state.mn.us,

For mental health targeted case management policy or fiscal questions:

- Diane M. Marshall, Children's Mental Health Consultant, 651-431-2328, diane.marshall@state.mn.us or
- Darrin P. Helt, Adult Mental Health Consultant, 651-431-2325, Darrin.helt@state.mn.us

For vulnerable adult targeted case management policy and fiscal questions:

- Melissa Vongsy, Aging and Adult Services, 651-472-7780, Melissa.vongsy@state.mn.us

For Medical Assistance coverage policy, claims, or MN-ITS documentation questions:

- Provider Call Center, 651-431-2700 or 800-336-5411, TTY: 711 or 800-627-3529

For SSIS documentation questions:

- SSIS Help Desk at 651-431-4801 or dhs.ssishelp@state.mn.us

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TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

In response to the COVID-19 pandemic, the Minnesota Department of Human Services (department) is reviewing opportunities to temporarily modify policy and practice to align with measures to slow the spread of COVID-19 through social distancing and quarantine.

The department made temporary changes for county and tribal agencies and their contracted vendors to continue necessary targeted case management (TCM) services for children and families, and adults without children to align with measures to slow the spread of COVID-19 through social distancing.

Various state laws establish the frequency of face-to-face contact required for a provider to receive Medical Assistance reimbursement for different types of targeted case management. The following table lists the statutory authority and the required frequency for face-to-face contact required for each type of targeted case management.

Targeted case management type	Statute	Required frequency of face-to-face contact
Child welfare targeted case management (CW-TCM)	Minnesota Statutes, section 256B.094, subdivision 6	Once per month. For IHS/638 Tribal provider, once per encounter. Exception - if the child is placed more than 60 miles beyond the county or reservation boundaries, telephone contact is claimable for up to two consecutive months and there must be face-to-face contact at least once every three months.
Children's mental health targeted case management (CMH-TCM)	Minnesota Statutes, section 256B.0625, subdivision 20(c)	Once per month. For IHS/638 Tribal provider, once per encounter.
Adult mental health targeted case management (AMH-TCM)	Minnesota Statutes, section 256B.0625, subdivision 20(c)	Once every two months. For IHS/638 Tribal provider, once per encounter.
Vulnerable adult and developmental disabilities targeted case management	Minnesota Statutes, section 256B.0924, subdivision 6	Once every two months.

II. Modified policy

On Mar. 20, 2020, Governor Tim Walz signed Emergency Executive Order [20-12](#) permitting the department's commissioner to temporarily waive or modify state statute. In response to the state statutory waiver, the commissioner has approved a waiver to temporarily modify TCM claiming.

DHS received federal approval of the state plan amendment permitting the use of telephone or video conferencing to meet face-to-face contact requirements for targeted case management services on Mar. 19, 2020. This means that TCM services provided **before** Mar. 19, 2020, must have been conducted according to applicable face-to-face standards for the case management service (for example, CW-TCM generally requires monthly face-to-face contact, adult mental health targeted case management requires face-to-face contact every 60 days, etc.). For TCM services provided **after** Mar. 19, 2020, the face-to-face contact requirements can be met if the provider uses telephone and video-conferencing (for example FaceTime, Skype and other applications). To receive the monthly TCM reimbursement, case management services must have been delivered according to the applicable face-to-face requirements **at the time the service was delivered**.

MA claiming and reimbursement is permitted for covered TCM services provided through allowable modes. The following criteria apply:

- Allowable tele-conferencing contacts for MA reimbursement are live audio exchanges by audio (telephone-only), or video, and web-based devices (for example FaceTime, Skype and other applications).
- Unallowable methods of contact remain: emails, texts, faxes and voicemail.

Increased Federal Medical Assistance Percentages (FMAP) for Targeted Case Management

The Families First Coronavirus Response Act, Public Law Number 116-127, provides a temporary increase of 6.2 percent in the FMAP rate for some Medical Assistance populations. The FMAP is used to determine the federal share of expenditures for various assistance payments, including Targeted Case Management (TCM). The increased FMAP is available for the following Medical Assistance populations: children; parents or guardians with children under age 19; individuals age 65 and older; and individuals with disabilities. The increase does not apply to adults without children.

The temporary increase is effective Jan. 1, 2020, and will end on the last day of the calendar quarter in which the federal emergency period ends. The temporary increase is available for TCM services regardless of the modality of contact (for example face-to-face or by telephone).

No action is required by counties or providers to obtain the 6.2 percent increase in federal match for TCM services and **no adjustments to documentation or claiming processes are needed** at the local agency level. System changes are being made to process claims at the higher reimbursement rate. DHS will reprocess TCM claims that were previously paid with dates of service back to Jan. 1, 2020, or have been submitted before the system changes are completed to include the additional 6.2 percent increase to counties. The anticipated completion date for system changes is June 30, 2020.

Intersection with existing telemedicine targeted case management services

For the period of the COVID-19 emergency, claiming for targeted case management delivered via telemedicine under existing state law is temporarily suspended. Bill for all forms of targeted case management (including AMH-TCM and VA-TCM which under current law can be delivered following the telemedicine guidelines) using

the face-to-face procedure code for the specific targeted case management service at the required frequency. DHS directs provider entities to use the face-to-face procedure codes to ensure that all claims are paid promptly. Place of service codes could trigger a requirement for manual claims processing.

All contacts made by phone call, or any other means of real-time audio-only (e.g. telephone) or audio and visual communication (e.g. FaceTime, Skype, etc.) satisfies the requirement for a face-to-face contact for the period of the COVID-19 emergency.

Tribal provider requirements

This change means that Indian Health Service (IHS), Sec. 638 Tribal providers, may receive the daily encounter payment when the contact between the case manager and the person receiving services happens by telephone instead of through an in-person face-to-face visit. Although the mode of how a service may be delivered is temporarily changing (for example, targeted case management services can be delivered via telephone temporarily), there are no changes to the payment methodology for the daily encounter payment. The same services and types of providers that are required to generate a daily encounter payment continue to be required when targeted case management services are delivered during the COVID-19 emergency period.

III. Instructions for Social Service Information System (SSIS) and MN-ITS users

Carefully read the following instructions and follow precisely to ensure successful submission of claims. Documenting claims as described in the following examples is essential for verifying circumstances for auditing purposes

A. Agencies that claim TCM in SSIS (primarily county agencies)

Continue to document contacts and claim TCM as is currently done in a recipient's time record. However, when making a TCM claim for a telephone or video-conferencing contact in lieu of in-person face-to-face contact, the following procedures apply. In the:

- **"Sub-service"** field, select "87-COVID 19, Related"
- **"Activity"** field, select "Client contact" or "collateral contact" (as appropriate)
- **"Method"** field, select "Face-to-face"
- **"Location"** field, select the location where the recipient was when contact was made (for example, client's residence, field, office)
- **"Note"** section, document that contact was made via telephone or video-conference (whichever method was used) in lieu of face-to-face due to COVID-19. For auditing purposes, the expectation is that each case file will include this information when video-conferencing or telephone contact was made in lieu of face-to-face.

See the following SSIS screen shots for an example of correct documentation for each targeted case management type.

Child Welfare Targeted Case Management

Activity

Workgroup:

Program: No. of Persons:

Service:

County sub-service:

Activity:

Duration: Hr. Min.

Cnty Acctg:

Regarding:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Note:

E Note: Phone and videoconference in lieu of face to face contact due to COVID-19.

Contact:

Purpose:

Status: Completed Attempted

Method:

Location:

Contact With:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Children's Mental Health Targeted Case Management

Activity	
Workgroup:	CMH Workgroup- March 2020 <input type="button" value="Caseload"/>
Program:	420 - Children's Mental Health <input type="button" value="a%"/>
Service:	492 - Child General Case Management
County sub-service:	87 - COVID-19 Related
Activity:	Client contact
Duration:	Hr. 0 Min. 25
Cnty Acctg:	<input type="text"/>
Regarding:	
<input type="checkbox"/> <input type="checkbox"/>	
<input type="button" value="Allocate Time"/>	
Note:	
E Note: Phone or Videoconference in lieu of face to face contact	
Contact:	
Purpose:	<input type="text"/>
Status:	<input checked="" type="radio"/> Completed <input type="radio"/> Attempted
Method:	Face to face <input type="button" value="0"/>
Location:	Field/home <input type="button" value="Add"/>

Adult Mental Health Targeted Case Management

Activity

Workgroup: Caseload

Program: ^{a/4} No. of Persons:

Service:

County sub-service:

Activity:

Duration: Hr. Min.

Cnty Acctg:

Allocate Time

Note:

E | Note: Phone or Videoconference in lieu of face to face contact

Contact:

Purpose:

Status: Completed Attempted

Method:

Location:

Contact With: Add

Vulnerable Adult Targeted Case Management

Activity

Workgroup:

Program:

Service:

County sub-service:

Activity:

Duration: Hr. Min.

Cnty Acctg:

Regarding:

No. of Persons:

Note:

E Note: Telephone or videoconference in lieu of Face to Face Contact.

Contact:

Purpose:

Status: Completed Attempted

Method:

Location:

Contact With:

Developmental Disability Targeted Case Management

Activity	
Workgroup: <input type="text" value="March 2020 Workgroup"/>	<input type="button" value="Caseload"/>
Program: <input type="text" value="500 - Developmental Disabilities (Gene"/>	^{a/} No. of Persons: <input type="text" value="0"/>
Service: <input type="text" value="593 - Adult (21+ D Non-Waiver Case"/>	Regarding: <input type="checkbox"/>
County sub-service: <input type="text" value="87 - COVID-19 Related"/>	
Activity: <input type="text" value="Client contact"/>	
Duration: Hr. <input type="text" value="0"/> Min. <input type="text" value="15"/>	
Cnty Acctg: <input type="text"/>	<input type="button" value="Allocate Time"/>
Note:	
<input type="checkbox"/> Note: Phone or Videoconference in lieu of face to face contact	
Contact:	
Purpose: <input type="text"/>	
Status: <input checked="" type="radio"/> Completed <input type="radio"/> Attempted	Contact With: <input type="text"/> <input type="button" value="Add"/>
Method: <input type="text" value="Face to face"/>	<input type="text" value="0"/> <input type="checkbox"/>
Location: <input type="text" value="Field/home"/>	

B. Agencies that claim TCM in MN-ITS (primarily tribes and Minnesota health care provider vendors)

Continue to enter claims as normal in MN-ITS Direct Data Entry (DDE). However, when making a TCM claim for a telephone or video-conferencing contact in lieu of in person face-to-face contact, use the face-to-face procedure code and modifier.

IV. Documentation

Provider responsibility

For auditing purposes, document in the agency's case noting system which method of delivery, telephone or video-conferencing, was used in lieu of in-person face-to-face contact for purposes of COVID-19. The department has the authority to conduct a post-payment review of client files.

Department responsibility

The department will maintain records that indicate that during the peacetime emergency all TCM services delivered via telephone or teleconferencing were assumed to be in compliance of the waiver granted under Executive Order 20-12(2)(g).

V. Resources

For information and resources, see:

- [Centers for Disease Control and Prevention](#) webpage
- [Minnesota Department of Human Services](#) webpage (sign up for email notifications)
- [Minnesota Department of Health](#)
- [BeReadyMN](#)
- [Administration for Children and Families, Children's Bureau](#)
- [Monthly Caseworker Visits Modified to Permit Video-conferencing](#), department bulletin 20-68-11

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651- 431-4670 (voice) by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.