

2.000 SCOPE OF SERVICES

2.000 General Policy

Targeted case management services are provided to Medicaid eligible clients who have a diagnosis of HIV/AIDS. [Consolidated Omnibus Budget Reconciliation Act (P.L. 99-272, COBRA)].

2.120 Credentials

Qualified case managers include:

1. Licensed social service workers employed by an agency or organization designed to meet the specialized needs of the target group; or
2. Licensed psychologists, certified or clinical social workers, or registered nurses who have experience working with and assisting HIV/AIDS clients.

Qualified case managers must have experience in accessing services such as housing, medical, nutritional, etc.

2.130 Billing HIV/AIDS

Case management services are billed using the HCFA-1500 claim form with the procedure codes listed in this Chapter. For detailed instructions for completion of the HCFA-1500, see Section 3 of this manual.

2.200 Definitions

Case Management Services -- Case management services are a set of planning, coordinating and monitoring activities that assist recipients in the target group to access needed housing, employment, medical, nutritional, social, educational and other services.

HIV/AIDS -- Under 500 T4 cell count or pneumocystis carini pneumonia

2.300 Covered Services

Service Plan -- Service Plan is a plan developed to determine the need for services and to assure adequate access to necessary services and community resources.

Advocating -- Advocating is assisting and linking the recipient with required services and community resources identified in the services plan.

Independent Living -- Assisting the recipient to access necessary independent living skills.

Coordination of Care -- Coordinating the delivery of services including coordinating with the primary care provider or attending physician.

Monitoring -- Monitoring to assure the appropriateness and quality of services delivered and to assess the recipient's progress and continued need for service.

2.500 Limitations

HIV/AIDS clients receiving nursing home services are not eligible for targeted case management services.

HIV/AIDS clients who are inpatients in a hospital setting are not eligible for targeted case management services. All services rendered during the inpatient stay are considered part of the DRG payment. Services rendered prior to admission and post discharge may be reimbursed. Do not bill for dates of service which overlap the inpatient stay, as the claim will be denied.

Recipients may only receive targeted case management services from ONE targeted case management program. For example, if a client is receiving targeted case management services for chronic mental illness, he/she may **not** also receive targeted case management for HIV/AIDS, or vice versa.

Recipients may only receive targeted case management services from **one provider** a month. Receiving services from two different providers in one month would defeat the purpose of the program. A client has the freedom to choose a case manager and may change case managers from month to month; however, this behavior should be discouraged because it would interrupt continuity of care, which is self-defeating.

2.600 Noncovered Services

Discharge planning will not be reimbursed.

Outreach activities in which the agency or provider attempts to contact potential recipients of a service do not constitute targeted case management services.

Physical or psychological examinations, evaluations, other medical services or treatment do not constitute case management, but they may be billable as a separate service. Making referrals or arrangements for medical treatment are considered case management services.

Services not related to the above mentioned covered services are not reimbursable as targeted case management services.

2.800 Record Keeping

The targeted case manager must document the following:

1. Date of service;
2. Name of recipient;
3. Name of provider agency, if applicable, and person providing the service;
4. Units of service;
5. Place of service;
6. A brief description of the service provided.

**Utah Medicaid Provider
Manual**

Division of Health Care Financing

**Targeted Case Management
for Aids Patients**

October 1992

Targeted case management services must be documented in 15-minute unit intervals. Fifteen minutes of service equals one unit. For example, three 5 minute phone calls to arrange housing services and medical appointments would constitute one unit of service. Each phone call should be documented. Services may be billed for a range of service dates, for example, an entire month, unless an inpatient visit occurred during the month.

2.900 Procedure Code

Y5400 HA Specialized Targeted Case Management, 15 minutes per unit.
Prior authorization is not required.