Redefining Case Management Technical Assistance and Guidance



Category	Question	Response
Application	To whom does this apply?	 The change in case management (CM) applies only to those in these two categories, who: 1) Do not receive Medicaid benefits and were previously provided CM by Division support coordinators, 2) Do not receive Medicaid benefits and were previously provided CM by a contracted TCM provider in a county where there was a decision to discontinue CM for those without Medicaid.
Assistance	What if someone needs help applying for County board services, and they do not understand what they need to get the referral completed?	They would go to the County Board for assistance with County Board services.
Definitions	Define general revenue funding.	General Revenue funding refers to funding that comes only from allocations from the legislature as opposed to federally funded Medicaid services.
	What does person-to-person mean? Is that a face-to-face contact or could it mean a phone contact?	Person to person can refer to either a face-to-face contact or a phone contact. Please refer to the Support Monitoring Directive 3.020.
Intake Process	When you say that intake will ask if they are using services, do you mean they are using their MOHealthNet benefits?	Yes

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	Where will those who only receive information from the Information Specialists be referred to for funding and case management?	Information specialists will be referring individuals who later become eligible for TCM to the Regional Office case management team or contracted TCM agency for the individual's county.
	How will the intake process change, if at all, for non-Medicaid individuals?	Other than additional questioning regarding Medicaid status, there is no change in intake and eligibility process.
	Will the Information Specialist be able to provide hands-on support? For example, say an individual cannot fill out a Medicaid form. They are hitting barriers in the Medicaid office, or just do not understand what is being asked of them.	Information Specialists will not carry a caseload and therefore would not provide hands on support, but rather would provide competent information and contact referral to those agencies that are experts in the field of topic.
	Will there be a caseload cap for Information Specialists?	Information Specialists will not carry a caseload.
	How frequently will information specialist contact families?	All individuals referred to the Information Specialist process will receive contact at least two times per year. Informational e-mails will go out at least quarterly.
	Who is doing the Medicaid check? What is the person supposed to do for the 6 months while they wait, potentially in substantial need?	Family Support Division oversees the Medicaid eligibility process. Information Specialists will monitor the Medicaid eligible list so that when status changes, the TCM will be promptly notified.
	What is the process difference between a county that does not provide CM to those without Medicaid and a county that does?	For TCMs that continue to serve non-Medicaid eligible individuals, there will be no change. For TCMs who choose not to serve non-Medicaid individuals, these individuals will be referred to the Information Specialists.

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Intent to Serve	What was the process by which TCM agencies notified the Division of their intent to serve and can they change their decision?	All TCM agencies received notification requesting a response regarding intent to serve non-Medicaid persons.
		Each TCM notified the Division as to their intent to serve regarding current non-Medicaid eligible individuals and future non-Medicaid individuals.
		TCMs may notify their Regional Office if their intent to serve changes.
Monitoring Expectation	Will the Division have monitoring/documentation expectations for individuals who receive a service through a DD provider/service code, but the service is funded completely by a SB40 board?	The Division only monitors services that are funded in part or entirely by the Division.
People Served	Can TCMs bill the Division for case management for individuals in nursing homes who are non-Medicaid if the person is receiving a GR funded service?	Individuals in Long Term Nursing Home services should not receive CM. Individuals in Short Term Nursing Home services may receive CM. The TCM entity may bill for CM for non-Medicaid eligible individuals who are receiving GR funded services.
	Does it matter if the Autism Project services are currently active or inactive with individuals who are not Medicaid eligible?	Those who are actively receiving Autism Project services or seeking those services will receive CM.

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	For those individuals who currently have Medicaid but then lose their Medicaid, what is the process for transition at that point?	Individuals who go in and out of Medicaid eligibility shall continue to receive CM. This is the current CM practice.
	Are current autism clients receiving services grandfathered in for case management? Or, will they lose their case manager?	They will continue to receive CM.
Planning	Regarding outcomes, is at least one outcome still required for non-funded Medicaid eligible plans?	Yes, please refer to the ISP Guide.
Rates / Billing	What is the GR CM rate? If this has not been established, when will it be established?	This rate and process will be published as soon as it becomes available which should be before July 1, 2018.
	How will billing be arranged for PAC individuals?	See answer above.
	Are you going to bill case management directly to clients/families that are not Medicaid eligible yet still receiving a DD service?	Individuals and families do not receive a bill for CM services.
Redefining Timeline	When will those receiving no case management receive information on the new process?	Letters were sent to non-Medicaid eligible individuals in November 2017 and January 2018 to notify of the impact of redefining CM.