Quality Assurance Bulletin

August 18, 2008 **No. 08-3**

Program Support Bureau

Los Angeles County, Department of Mental Health

TARGETED CASE MANAGEMENT BULLETIN FOR SHORT-DOYLE/MEDI-CAL PROVIDERS

NOTICE TO RESUME CLAIMING UNDER EXISTING RULES

RESCINDED

After much political advocating and negotiating, the U.S. House of Representatives and the U.S. Senate passed legislation that would delay the implementation of the changes reported to providers in QA Bulletin #08-1 issued March 24, 2008 (attached). That Bulletin requested that effective April 1, 2008 all Providers stop claiming Targeted Case Management (TCM) Services delivered in Institutions of Mental Disease (IMD) until the Department received further instructions from the State Department of Mental Health.

Since that time, there have been on-going discussions between the State DMH and the Center for Medicare and Medicaid Services (CMS) regarding exactly what rules apply to claiming TCM in IMDs as well as between State DMH and other State agencies regarding what rules would be used for audit. Sufficient understanding of the issues has been reached to allow LA County DMH to issue this Bulletin. **Effective immediately, claiming for TCM in IMDs for placement services should be resumed in accordance with the rules in the Organizational Provider's Manual. Claims should be submitted for those TCM services that were provided and not claimed in accord with QA Bulletin #08-1 from April 1, 2008 to the present.**

The specific rules regarding proper TCM claims can be found on page 2-15 under "Lockouts" of the SD/MC Organizational Provider's Manual but are recapped here for your convenience. When a person is in an IMD, no mental health services should be claimed except for TCM discharge planning coordination of placement services upon discharge. These services may not supplant the discharge planning responsibilities of the facility in which the client currently resides. These TCM transitional linkage services may only be claimed "during the 30 calendar days immediately prior to the day of discharge for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility." (Rehabilitation Manual) Please remember when making a decision regarding whether or not to claim a contact to Medi-Cal for a client in an IMD, that this facility category is federally defined and NOT associated with any specific California licensing category. A facility is an IMD, regardless of licensing category, if it has17 beds or more and more than half of its residents have a primary psychiatric diagnosis.

If you have any questions, please contact your Service Area QA Liaison.

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