



Minnesota Department of Human Services

Bulletin

NUMBER

#14-68-20

DATE

December 9, 2014

OF INTEREST TO

- County Directors
- Social Service Supervisors
- Social Service Staff
- Fiscal and Income Maintenance Supervisors and Staff
- Tribal Social Services
- Contracted Vendors

ACTION/DUE DATE

Read information and prepare for implementation.

EXPIRATION DATE:

December 9, 2016

CW-TCM Policy Guidelines

TOPIC

Child Welfare-Targeted Case Management (CW-TCM) requirements for counties and contracted vendors.

PURPOSE

Provide instructions to claim Medical Assistance reimbursement for providing CW-TCM. Replaces bulletin #12-68-19.

CONTACT

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SIGNED

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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.

Background

1993: The Minnesota Legislature approved Child Welfare-Targeted Case Management (CW-TCM) as a Medical Assistance (MA) covered service. Effective Oct.1, 1993, certified county agencies were able to submit claims to receive reimbursement for CW-TCM services provided to MA recipients, and utilize the revenue to fund additional preventive services.

1999: Legislation was enacted for federally recognized American Indian tribes in Minnesota to become certified providers of CW-TCM, if they desire. Also, county agencies certified as CW-TCM providers were approved to negotiate contracts with qualified vendor agencies.

2000: Alternative Response BRASS codes were added as activities eligible for CW-TCM claims and revenue spending.

2002: Concurrent Permanency Planning assessments and services were added as activities eligible for CW-TCM claims and revenue spending.

2007: The U.S. Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS), issued an interim final rule that CW-TCM no longer qualified for federal financial participation (FFP), effective March 3, 2008.

2008: Supplemental Appropriations Act included a moratorium on the effective dates of the case management regulations of 2007, allowing states to resume CW-TCM claims.

2009: The U.S. Department of Health and Human Services rescinded the case management interim final rule of 2007, restoring CW-TCM as qualified Medicaid services.

Legal references

- [Title XIX of the Social Security Act, section 1915 \(g\)](#)
- [Public Law 110-252, Supplemental Appropriations Act, 2008](#)
- [Federal Register/Vol. 72, no. 232/Dec. 4, 2007/Medicaid program interim final rule, pages 68077-68093](#)
- [Federal Child and Family Services Improvement Act of 2006, P.L.109-288](#)
- [Minnesota Statutes, section 256B.094](#)
- [Minnesota Statutes, section 256G.02](#)
- [Minnesota Statutes, section 256F.10](#)
- [Minnesota Statutes, section 260C.007, subdivision 6](#)
- [Minnesota Statutes, section 260C.212, subdivision 4a](#)
- [Minnesota Statutes, section 260C.212, subdivision 1](#)
- [Minnesota Statutes, section 626.556, subdivision 10](#)
- [Minnesota Rules, part 9505.2165](#)
- [Minnesota Rules, part 9505.2175](#)

Definitions

Child Welfare-Targeted Case Management is defined in [Minnesota Statutes, section 256B.094, subdivision 1](#), as activities that coordinate social and other services designed to help a child under age 21 and their family gain access to needed social services, mental and physical health, habilitative, educational, vocational, recreational and related services, including, but not limited to, volunteer services, advocacy, transportation and legal services.

Case management services include developing an individual service plan, assisting a child and their family in obtaining needed services through coordination with other agencies, and assuring continuity of care. Case managers must assess the delivery, appropriateness, and effectiveness of services on a regular basis.

Eligible providers

County and tribal social service agencies must be certified through the Minnesota Department of Human Services (department) to receive MA reimbursement for CW-TCM. All 87 counties and eight Minnesota tribes have agreements certified as CW-TCM providers. A certified provider may contract with a qualified vendor to provide case management services. See the contracted vendor section of this bulletin for more information regarding CW-TCM requirements and claiming for contracted vendors.

Qualifications of a case manager

[Minnesota Statutes, section 256F.10, subdivision 5](#), states that case managers must be employed by a certified CW-TCM provider, or a qualified vendor contracting with a certified CW-TCM provider, to provide CW-TCM services, and must have the following qualifications:

- Bachelor's degree in social work, psychology, sociology, or a closely related field from an accredited four-year college or university. If the case manager's bachelor's degree is not in one of the above mentioned fields, they must have one year of supervised experience in the delivery of social services to children as a social worker in a public or private social service agency.
- Skilled in the process of identifying and assessing a wide range of children's needs.
- Knowledgeable about local community resources and how to use them for the benefit of children.

Contacts

Medical Assistance reimburses eligible providers for CW-TCM services based on specific contacts with, or on behalf of, a specific child. Contacts must be completed (not attempted), documented in the case file, and easily identifiable in an audit. Payments are based on the following contacts:

- **Face-to-face contact** between a case manager and child, the child's family, primary caregiver, legal representative, or other relevant person identified as necessary to develop or implement goals of the individual service plan. The contact must be in person and not by video or other electronic sources.
- **Telephone contact** is allowed for children in out-of-home placement more than 60 miles beyond the border of the county of financial responsibility. Telephone contact may be claimed for two consecutive months; then face-to-face contact must occur for claims to continue. Although CW-TCM can be claimed for telephone contact for two months all children in out of home placement must be seen face to face according to [Minnesota Statutes, section 260C.212, subdivision 4a](#), and the federal [Child and Family Services Improvement act of 2006{P.L. 109-288}](#) .

Activities

CW-TCM activities are those which assist an eligible recipient to gain access to needed medical, social, educational and other services as identified in an individual service plan.

Activities **allowable** for CW-TCM claiming according to [Minnesota Statutes, section 256B.094, subdivision 2](#), include the following:

- Assessment of a recipient's need for case management services to gain access to medical, social, educational and other related services (after eligibility assessment is completed).
- Development, completion and review of a written individual case plan based on an assessment of need for case management services.
- Routine contact or other communication with a recipient, their family, primary caregiver, legal representative, substitute care provider, service providers, or other relevant person(s) identified as necessary for development or implementation of goals of an individual service plan.
- Coordination of referrals for provision of services for a recipient with appropriate service providers, consistent with section 1902(a) (23) of the Social Security Act (free choice of provider).
- Coordination with an MA facility discharge planner in the 30-day period prior to a recipient's discharge into the community. This is the only claimable CW-TCM service provided to patients or residents in an MA-funded facility, and is limited to a maximum of two 30-day periods per calendar year.
- Coordination and monitoring of overall service delivery to ensure quality services.
- Monitor and evaluate services on a regular basis to ensure appropriateness and continued need.
- Complete and maintain necessary documentation that supports and verifies the above activities.

Activities **not allowable** for CW-TCM claiming according to [Minnesota Statutes, section 256B.094, subdivision 8](#), include:

- Assessments prior to opening a case (including child protection assessments)
- Assessments of a child's eligibility for CW-TCM services
- Therapy and treatment services

- Legal services, including legal advocacy for recipient
- Information and referral services provided to clients who are not part of the family workgroup, or eligible for MA or MinnesotaCare
- Outreach services, including those provided through the community support services program
- Services that are not documented as required under [Minnesota Rules, parts 9505.2165 and 9505.2175](#)
- Services that are otherwise eligible for payment on a separate schedule under rules of the Minnesota Department of Human Services
- Case management services that duplicate the same services from another case manager for the same recipient
- Case management services provided to patients or residents in a MA-reimbursed facility (except as defined in CW-TCM activities)
- CW-TCM services for children in non-MA-reimbursable foster care, group homes, or residential care that do not focus on permanency planning or return to the family home, and/or duplicate a facility's discharge planning {[Minnesota Statutes, section 256B.094, subdivision 8 \(10\)](#)}
- Transportation of a client
- Foster care placement activities.

Monthly caseworker visit requirement

[Minnesota Statutes, section 260C.212, subdivision 4a](#), and the federal [Child and Family Services Improvement act of 2006{P.L. 109-288}](#), requires that every child in foster care or on a trial home visit shall have a face-to-face visit with their caseworker, or another person who has responsibility for seeing a child every month, to address safety, permanency and well-being. The monthly visit with a child must be face-to-face; telephone contact cannot be used as a substitute for this requirement. If CW-TCM services are provided, the visit may be claimable.

Documentation

Child Welfare-Targeted Case Management is child-specific, therefore, each child involved in a county/tribal agency with access to the Social Service Information System (SSIS) must be documented in SSIS. For contracted vendors and tribes without access to SSIS, case documentation must be in a child's case file. Information in SSIS is completed within the Participant's folder under Supplemental Health Care Eligibility.

All cases must include the following documentation:

- Assessment of need and eligibility for CW-TCM
- CW-TCM case finding, or need for child welfare case management services
- CW-TCM case plan that identifies necessary services for a child, and how the services will be provided
- All contacts for eligible activities related to services in a service plan.

CW-TCM assessment

Eligible recipients include children under age 21 on Medical Assistance or MinnesotaCare who meet one of the criteria listed below under case finding. A child's assessment to receive CW-TCM services must include a written description of a child's/family's situation that identifies the CW-TCM criteria (listed below under case finding) that a child meets. A child welfare or child protection assessment may include the CW-TCM assessment. However, there must be a statement clearly identifying the CW-TCM assessment that is distinct from any other assessment.

Case finding

The case finding determines that case management services are necessary and may be provided if a child meets one of the following criteria:

- At risk of out-of-home placement, or in placement as defined in [Minnesota Statutes, section 260C.212, subdivision 1](#), or
- At risk of maltreatment, or experiencing maltreatment, as defined in [Minnesota Statutes, section 626.556, subdivision 10e](#), or
- In need of protection or services as defined in [Minnesota Statutes, section 260C.007, subdivision 6](#).

Documentation of case findings must include the eligibility criteria a child meets, and the reason why. An example of an appropriate case finding is: The child is at risk of placement due to neglect because at age 5 was left alone at night without supervision.

CW-TCM service plan

Any service plan can be designated as the CW-TCM service plan. The CW-TCM service plan may be part of a family plan or a separate plan, as long as the plan addresses each child specifically, and the services that are to be provided. If a CW-TCM service plan is part of another plan, the CW-TCM plan must be identified and include the necessary components that address services for each child. An auditor must be able to identify the part of the plan that pertains to CW-TCM. Plans that could include specific CW-TCM needs and services for a child are:

- CW-TCM service plan
- Out-of-home Placement Plan
- Children's mental health (CMH) Individual Family Community Support Plan
- Adolescent Parent Assessment and Service Plan
- Child Protective Services Plan
- Family Assessment Service Plan
- Independent Living Plan
- Transition Plan.

Service plan review

The CW-TCM service plan should be revised as needed to meet a child's goals, and must be reviewed at least annually to evaluate the delivery, appropriateness and effectiveness of services. If another plan is being used as the CW-TCM service plan, the required review must also follow Minnesota Statute for that particular plan. The review can be combined with other reviews, as long as the CW-TCM portion is clear and an auditor can determine which part of the review pertains to each specific child. Documentation of the annual review is completed in SSIS on the Annual Review Date tab on the CW-TCM screen.

Contacts for CW-TCM activities

Documentation of face-to-face and phone contact must include claimable activities for a child. Services provided to a parent are not claimable for CW-TCM. Documentation of the contact must include the following for each child:

- Date of contact and duration
- Name of person contacted
- Name of child involved in the contact
- Type of contact (face-to-face or telephone)
- Location of contact (office, home, school)
- Service program
- Type of service
- Activity
- Status: completed or attempted
- Description of service provided to a child in the note section on the contact screen.

Only one claim is paid in a single month to county agencies and one contracted vendor. If more than one contact is claimed, or if more than one county and/or contracted vendor makes a claim, only the first claim is paid. Completed contacts entered in SSIS within the CW-TCM eligible start and end dates are potentially claimable.

Dual case management

There are situations where children may have more than one case manager. A child may receive services from different programs within a county agency, or receive services from a tribal agency or contracted vendor, in addition to a county social service agency. When this occurs, there can be concurrent, but not duplicate, services delivered and billed according to federal regulations. In these situations, services delivered by two agencies need to be coordinated and well documented. Duplicate claims will be disallowed. All services claimed for CW-TCM should be clearly distinct, defined and adequately documented.

Providers and contracted vendors may access the CW-TCM section of the Minnesota Health Care Programs (MHCP) [Provider Manual](#) which includes information on documentation requirements for dual case management.

Case management services that are reimbursed by another funding source cannot be claimed under CW-TCM. These include, but are not limited to:

- Local Collaborative Time Study (LCTS)
- Group Facilities Time Study
- Placing Agency Time Study (PATS)
- Residential Treatment Facility (Rule 5), except for 30 days prior to discharge as defined in [Minnesota Statutes, section 256B.094, subdivision 2, clause \(9\)](#).

Note exception: Tribal 638 funds.

Service plan for dual case management

The need for dual case management is usually documented in a child's service plan. Documentation in the service plan must be clear and detailed regarding a child's need for having more than one case manager, and must include the following information:

- Why does a child need two services?
- What services will each worker provide?
- How will coordination of services and communication between workers occur?
- Roles of case managers need to be clearly defined and distinct.
- Each service program must have a copy of the service plan in a child's case record.

A jointly developed service plan must describe the circumstances that necessitate dual case management services, and the specific roles each case manager will fulfill in accomplishing goals of the service plan, including who will act as the primary case manager. Service plans should include information about who will coordinate, assure, access and monitor each type of service needed by a child. It should also state the frequency with which contact between case managers will occur for the purpose of coordinating services. Parents must agree and sign a release of information for case managers from different programs to share information.

Mental Health-Targeted Case Management

A child is not categorically eligible for CW-TCM services based on their mental health diagnosis; they must also meet statutory CW-TCM eligibility criteria. Child Welfare-Targeted Case Management and Mental Health-Targeted Case Management are distinctly separate medical assistance benefit programs. Each program has very specific eligibility criteria and claiming requirements. MH-TCM is governed by the Children's Mental Health Act, [Minnesota Statutes, section 245.487](#) and is a voluntary service. CW-TCM is governed by [Minnesota Statutes, section](#)

[256B.094](#) and [Minnesota Statutes, section 256F.10](#). If CW-TCM and MH-TCM are both being provided to a child, coordination and careful documentation is essential to prevent duplicate claiming.

If one case manager is providing MH-TCM and CW-TCM, it is imperative that there be separate documentation for each service being claimed that details the specific service being provided. If the Children's Mental Health Individual Family Community Support Plan is used as the CW-TCM service plan, the CW-TCM portion of the plan must be clearly identifiable and services must be distinctly different from the MH-TCM services.

Developmentally Disabled or a related condition (DD waiver)

Children who are developmentally disabled are not eligible for CW-TCM services based solely on their disability. If a child is receiving a DD waiver, the child must also meet one of the three statutory CW-TCM eligibility criteria for CW-TCM services to be provided and claimed.

Waiver services are related to a child's disability diagnosis. If a child has case management needs outside the scope of coordinating waiver services, and if all CW-TCM eligibility factors are met, both the DD waiver and CW-TCM may be claimed in the same month if the services are clearly defined and documented. It is essential that the CW-TCM services provided are separate and distinct from the DD waiver services. If one case manager is providing both services, there must be separate documentation for each service provided.

[Waiver case management services](#) are programs that have received federal approval for expanded coverage for services not usually covered under MA. Parents may incur a fee for these services and may access the [parental fee estimator](#) website to determine the estimated amount of their financial obligation. Minnesota currently administers four disability waivers related to children:

- Community Alternative Care waiver for chronically ill persons (CAC waiver)
- Community Alternatives for Disabled Individuals (CADI waiver)
- Brain Injury (BI waiver)
- Developmental Disability or a related condition (DD waiver)

Tribal agencies

In some situations, dual case management may be provided by both a tribal and county agency. Reasons may include:

- State or federal law that requires involvement of both a tribe and a county agency to provide child welfare/child protection services to a child
- Child's needs cannot be met with a single case manager
- Court order requiring a county agency to be responsible for implementation of a court-ordered service plan
- County compliance with the [Indian Child Welfare Act](#)
- Other documented circumstances determined by a county or tribal agency.

Both agencies should decide jointly what case management services are needed, and who can best provide them. Service plans must detail which agency will provide what specific services. The responsibility of assuring that services are not being duplicated rests with the county agency. Assignment of duties of the primary case manager should be a mutual decision. If there is no agreement, a tribal agency has responsibility for making decisions, with documentation provided in the file as to the best interest of a child. Both agencies may submit a claim for documented non-duplicated services.

In the event tribal service capacity is limited, and a tribal agency cannot provide the needed services, or a tribal and county agency agree that the county should be the provider certain services, it is the responsibility of the county agency to deliver necessary case management services. A tribal case manager may also refer a family for county provided services other than CW-TCM.

In all cases, when a county agency makes a determination of eligibility for CW-TCM services for an Indian child, the tribe must be notified within seven days, in accordance with the [Minnesota Tribal/State Agreement of Indian Child Welfare](#) and the [Minnesota Indian Family Preservation Act \(MIFPA\)](#).

Contracted Vendors

A county agency and a contracted vendor may both provide CW-TCM services to a child in some situations. Once a county agency has determined that a child is eligible to receive CW-TCM services, caseworkers may refer them to a contracted vendor to receive CW-TCM services. To avoid duplicating services and billing, a jointly developed service plan must describe in detail the circumstances that necessitate dual case management, and the distinct role each case manager will have in carrying out goals of the service plan. Service plans should identify the primary case manager, and include information about who will coordinate, implement and monitor each type of service needed by a child. It must also indicate the content and frequency of communication between the case managers. Each agency must retain a copy of the service plan in a child's case record.

If case management is provided by a team, including contracted vendors and county social service staff, the contracted vendor and county social service agency may each receive separate payments for non-duplicative services provided by each agency in the same month.

A contracted vendor must meet all CW-TCM documentation requirements outlined in this bulletin for claiming CW-TCM.

Eligibility and enrollment

Contracted vendors must meet the following criteria:

- Enrolled as a Medical Assistance provider

- Have a negotiated contract with a county agency, as contracted vendors cannot be certified providers
- Contract must specify the negotiated monthly rate payment for CW-TCM services provided
- Contracts must be reviewed and approved by the Minnesota Department of Human Services before billable services are provided
- CW-TCM services are to be available at all vendor sites to children authorized by the certified county to receive CW-TCM services
- County agency must perform the initial assessment to determine if a child is eligible for CW-TCM
- Contracted staff providing CW-TCM services must meet the qualifications listed for case managers on page 3 in this bulletin, and in [Minnesota Statutes, sections 256F.10 and Minnesota Statutes, section 256B.094](#)
- Contracted vendors may refer to the [Minnesota Health Care Provider](#) manual on CW-TCM for more information.

Billing

The following requirements must be met for contracted vendors to submit CW-TCM claims:

- The negotiated monthly rate of payment for CW-TCM services cannot exceed the rate charged by the contracted vendor for the same services to non-Medical Assistance clients, according to [Minnesota Statutes, section 256B.094, subdivision 6](#).
- CW-TCM claims are based on contacts, as defined on pages 3 and 4 of this bulletin.
- Medical Assistance will pay the contracted vendor the total rate, and the department will bill the county agency for the non-federal share.
- The county cannot use federal funds, or funds used to match other federal funds, for the non-federal match portion of CW-TCM.
- Only one contracted vendor may bill for CW-TCM for a child in a calendar month. If there is more than one contracted vendor on a team, the team must determine how to distribute payments among members.

Claiming

All children who may be eligible for CW-TCM should be referred for Medical Assistance if not currently receiving it. Coordination between the social service and financial departments is beneficial to maximize CW-TCM claims. A CW-TCM claim may be submitted only after determination of eligibility for CW-TCM services, and a case finding and case plan are in the file. Activities involved in determination of CW-TCM eligibility are not claimable.

BRASS service codes

The following service codes may generate a CW-TCM claim if a documented CW-TCM eligible activity is provided and documented:

- 104x Child protection investigation
- 107x Child welfare assessment
- 108x Family Assessment Response
- 109x Concurrent planning assessment
- 192x Family assessment case management
- 193x General case management
- 492x Child general case management
- 592x Child, (< 21) DD Non-Waiver Case Management .

Intake assessment claiming

Services to children who are subjects of maltreatment reports are not categorically eligible for CW-TCM reimbursement. An assessment worker's primary role is to evaluate for services or investigate maltreatment reports, not to provide case management services. Assessing risk and safety are direct services, not case management, and not eligible activities for CW-TCM claiming.

There may be circumstances where it is appropriate to claim CW-TCM during an assessment, if all requirements and documentation are completed. An example of a CW-TCM claimable activity during a child welfare or child protection assessment would involve the caseworker referring a child for a psychological or medical evaluation because of an immediate need.

CW-TCM services provided during an assessment must be specific services that address the unique needs of a child, as described in their service plan. The use of general and generic case plans created during an assessment to claim CW-TCM is not allowed.

Claiming in residential treatment facilities (Rule 5)

For a child placed in a Rule 5 residential treatment facility, [Minnesota Statutes, section 256B.094 subdivision 2, clause \(9\)](#), states CW-TCM can only be claimed 30 days prior to a child's discharge. Claiming is limited to two 30-day periods per calendar year. Residential treatment facilities are paid with Medical Assistance funds, therefore claiming CW-TCM during a child's placement in a Rule 5 facility is disallowed, except 30 days prior to discharge for discharge planning, due to duplicate claiming.

Minor parents

A claim may be made for a minor parent and their child(ren) if they both meet CW-TCM requirements. The minor parent and child(ren) must have individual, separate documentation for CW-TCM eligibility, case finding, case plan and contacts.

Youth ages 18-21

CW-TCM may be claimed for youth ages 18-21 if they meet CW-TCM requirements, and case management services are provided and documented.

Billing

County agencies and contracted vendors may submit one claim per month, for each child where a documented eligible activity occurred. Billing is through [MN-ITS](#), [SSIS](#), or a customized billing software program. Providers may access the [MHCP Provider Manual](#) on the MHCP Enrolled Providers website, or the [MMIS User Manual](#) for information regarding billing for health care claims.

All claims must be submitted electronically within a year of the date of service. Medical Assistance allows providers to bill for MA services provided three months prior to the month of application, if MA retroactive eligibility requirements are met. If CW-TCM was provided in those months, a claim can be submitted for reimbursement. MinnesotaCare does not allow for retroactive eligibility. Medical Assistance should be billed regardless of whether a child is enrolled in managed care through a pre-paid health plan (PMAP), fee-for-service Medical Assistance or MinnesotaCare.

The Tax Equity Fairness and Responsibility Act ([TEFRA](#))

TEFRA provides Medical Assistance eligibility to children with physical and mental health disabilities who live with their families. Only a child's income is counted for MA-TEFRA. However, when a child receives services under TEFRA, a CAC, CADI, BI, or DD waivers, or is in placement in a Rule 5 facility, Minnesota law may require the parents to pay a parental fee. The amount of the fee is based on their income and household information. The public and county staff may access a Web page that provides fee estimates to parents at pfestimator.dhs.mn.gov in determining their financial obligation. At the end of each fiscal year, the department reconciles the annual parental fee with the amount of MA and county social service expenditures incurred, and parents are billed the lesser of the two amounts. Parents are never billed for more than the cost of services.

Parents have a choice of accepting CW-TCM services for their child, unless required by a court order. Due to the potential significant fiscal obligation for CW-TCM services, parents need to be fully informed of their financial obligations, and give consent for their child to receive CW-TCM services. A CW-TCM claim should not be submitted for MA reimbursement if a parent does not want the service for their child. A county agency may provide services and choose not to bill Medical Assistance. TEFRA override dates can be entered in SSIS to indicate that CW-TCM should be claimed for a TEFRA client.

Spenddown

If a child is on Medical Assistance and has a spenddown, the monthly case management costs to the agency can be used to meet the spenddown, if parents have agreed to the service, or if services are court ordered. Counties agencies may voluntarily apply the monthly cost to the spenddown by absorbing the cost for a client, or may bill a client.

Rates

The rate for each claim that is paid to county agencies is determined by a specific formula. The purpose of the rate formula is to take into account counties' costs, what case managers are spending their time doing, and how many clients they are serving. The CW-TCM rate is determined in a multi-step process involving a number of factors; rates may vary by county each year.

Time reporting by case managers completed consistently, accurately and on time, significantly impacts CW-TCM reimbursement. The three components of the rate setting process include:

- Social Services Time Study (SSTS) DHS bulletin #14-32-16. This time study determines the percent of time staff spend on various activities. For CW-TCM rate setting, it determines what percent of total time staff spend on delivery of CW-TCM services.
- County Human Services Cost Report. Counties submit a quarterly report titled "Social Services Fund Report." Expenditures from this report, less certain expenses that are unallowable for federal claiming purposes, determine the amount of total county costs that are eligible to use for all TCM rate setting.
- Targeted Case Management Client Statistical Report. This quarterly report identifies the number of children receiving Child Welfare-Targeted Case Management services, as well as other populations receiving targeted case management.

The CW-TCM rate is determined by multiplying the percent of staff time spent on CW-TCM activities (as reported on the SSTS) by the average monthly Social Services Cost Pool (as reported in the Social Services Fund Report, divided by the average monthly number of CW-TCM clients serviced (as reported in the TCM Client Statistical Report)). The resulting rate represents the total monthly county cost for delivering Child Welfare-Targeted Case Management services to one child.

Some counties have data grouped with other counties because the individual statistics alone are not sufficient to meet federal guidelines for rate setting. The rates for county and tribal agencies are adjusted annually on July 1 by the department, based on actual expenditures.

Revenue spending requirements

CW-TCM revenue may be spent on a wide array of prevention activities. The revenue received can be used for any child, regardless of their MA or MinnesotaCare status. The BRASS services that can be funded with CW-TCM revenue are listed in Attachment C of this bulletin.

[Minnesota Statutes, sections 256F.10](#), and [245.4931, clause \(7\)](#), mandates that if a county or tribal social service agency is a member of a local Children's Mental Health Collaborative, the federal reimbursement received by the county or tribal social service agency for providing CW-TCM services to children served by the collaborative must be transferred to the Collaborative Integrated Fund to further serve those children.

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Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-4660 (voice) or toll free at (800) 627-3529 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Attachment A

Quick reference guide for case managers to claim CW-TCM

CW-TCM is child specific; claiming requires an eligible child, eligible worker, eligible activities and sufficient documentation.

A Child Welfare-Targeted Case Management file for each child includes:

- Child's name and birth date
- Medical Assistance or MinnesotaCare ID number
- Eligibility assessment
- Case finding
- Individual service plan
- Documented details of services provided to the child for each contact.

Case manager qualifications for county agencies and contracted vendors include:

- Employed by a certified or approved CW-TCM provider
- Bachelor's degree, or authorized to serve as a tribal case manager by a federally recognized tribe
- Skilled in identifying and assessing a wide range of children's needs
- Knowledgeable about community resources for the benefit of a child.

Eligibility assessment includes:

- Child under 21 who is receiving MA or MinnesotaCare and:
- At risk of, or in out-of-home placement {Minnesota Statutes, section 260C212, subd. 1}, or
- At risk of, or experiencing maltreatment {Minnesota Statutes, section 626.556, subd. 10e}, or
- In need of protection or services {Minnesota Statutes, section 260C.007, subd. 4}.

Case finding includes:

- Statement that case management services are necessary and will be provided to a child. Example:
"Child is in foster care due to neglect as child, age 5, was left alone."

Service plan includes:

- Child specific: Identifying the services needed for each child
- Goals that reflect why a child needs case management services
- Services and activities that will be provided or coordinated for a child
- Action steps with time frames to achieve goals and person responsible to implement plan
- Description of how services will be monitored and evaluated
- Service plan must be signed by parents or services must be court ordered.
- Service plan must be reviewed as least annually.

Claimable contact includes:

- Only after an assessment, case finding and case plan are completed

- Face-to-face contact with child, caregiver, or other relevant person in the case plan
- Telephone contact is allowed for two months, if child is placed 60 plus miles from county border.

Contact must include:

- Name of child
- Date of contact and duration
- Type of contact (face-to-face, telephone)
- Name of person contacted
- Location of contact (home, office, school, etc.)
- Documentation of the description of the service or activity provided in the contact.

Contact narrative includes:

- The name of each child the contact involved
- Identifies specific activities or services provided to a child to achieve goals of the service plan.
- Identifies who, what, where, when and why of the contact.

Attachment B

Example of CW-TCM case plan

Case plan for: Mary Martin (DOB 05/01/2006)

Mary is in need of protection or services and CW-TCM will be provided. Mary has missed 60 days of school this year. She cannot ride the school bus as she hit another child while riding on the bus. Her mother does not have a car to transport Mary to school and has not kept appointments with school staff to discuss Mary's school attendance problems and behavior on the bus.

Goals to be achieved:

- Mary will attend school every day
- Will demonstrate appropriate behavior on the school bus.

Services Mary needs:

- Education team planning meeting with Mary, her mother, school staff and case manager.
- Education assessment to determine Mary's educational needs.
- Referral to child therapist to assess Mary's behavioral problems.
- Referral for transportation services to enable Mary to attend school.

Action steps to be taken and person responsible:

1. Case manager will meet with Mary's mother within one week to determine what services she may need to ensure school attendance.
2. Case manager will facilitate a meeting with school staff and Mary's mother within two weeks to discuss issues preventing Mary from returning to school and riding the bus.
3. Case manager will contact the school bus company within one week to determine what steps need to occur for Mary to be able to resume riding the bus.
4. Case manager will make a referral to a transportation service within five days so Mary can be transported back and forth to school.
5. Case manager will contact the school once a week to monitor Mary's attendance.
6. Case manager will refer Mary for a mental health assessment within 30 days.
7. Case manager will meet with Mary and her mother at least once a month to discuss behavior and educational concerns, and make appropriate referrals for services, as needed.

The plan will be evaluated and revised as needed by the case manager.

Time frame to achieve goals: Six months.

Signatures

Parent:

Case manager:

School staff:

Date:

Attachment C

BRASS codes for CW-TCM claiming and spending

Eligible BRASS service codes for CW-TCM claiming:

104x Child protection investigation
107x Child welfare assessment
108x Family Assessment Response
109x Concurrent planning assessment
192x Family assessment case management
193x General case management
492x Child general case management
592x Child (<21) DD Non-Waiver Case Management

BRASS service codes that may be funded with CW-TCM revenue:

Children's services

102x Community education and prevention
104x Child protection investigation
107x Child welfare assessment
108x Family Assessment Response
109x Concurrent planning assessment
124x Home-based support services
125x Homemaking services
145x Social and recreational
156x Group counseling
161x Family-based crisis services
162x Family-based counseling services
163x Family-based life management skills services
164x Family Assessment Response services
189x Respite care
192x Family Assessment case management
193x General case management

Child care

214x Other child care

Mental health

407x Early identification and intervention
430x Other family community support services (FCSS)
462x Family-based services
467x Child day treatment
492x Child general case management

Developmental disabilities

525x Homemaking services
531x In-home family support services
592x Child (<21) DD Non-Waiver Case Management