

441—90.6(249A) Documentation and billing.

90.6(1) *Documentation of contacts.* Subrule 90.6(1) applies to all categories of case management and all populations covered by case management.

a. Documentation of case management services contacts shall include:

- (1) The name of the individual case manager;
- (2) The need for, and occurrences of, coordination with other case managers within the same agency or referral or transition to another case management agency; and
- (3) Other requirements as outlined in 441—Chapter 79 to support payment of services.

b. Targeted case management providers serving FFS members must also adhere to 441—Chapter 24.

90.6(2) *Rounding units of service for case management services.* Subrule 90.6(2) applies only to targeted case management provided to FFS members or case management provided to brain injury or elderly waiver FFS members. For all fee-for-service case management units of service, the following rounding process shall be used:

a. Add together the minutes spent on all billable activities during a calendar day for a daily total;

b. For each day, divide the total minutes spent on billable activities by 15 to determine the number of full 15-minute units for that day;

c. Round the remainder using these guidelines: Round 1 to 7 minutes down to zero units; round 8 to 14 minutes up to one unit; and

d. Add together the number of full units and the number of rounded units to determine the total number of units to bill for that day.

90.6(3) *Collateral contacts.* Subrule 90.6(3) applies only to targeted case management provided to FFS members or case management provided to brain injury or elderly waiver FFS members. For all fee-for-service case management units of service, the case manager may bill for documented contacts with other entities and individuals if the contacts are directly related to the member's needs and care, such as helping the member access services, identifying needs and supports to assist the member in obtaining services, providing other case managers with useful feedback, and alerting other case managers to changes in the member's needs.

90.6(4) *Billable activities for case management services.* Subrule 90.6(4) applies only to targeted case management provided to FFS members or case management provided to brain injury or elderly waiver FFS members. Billable activities for case management services are limited to the following activities, and any activity included in this list must be billed if the activity has occurred.

a. Face-to-face meeting with the member:

- (1) Contact time; and
- (2) Documentation completed during meeting.

b. Telephone conversation with the member:

- (1) Contact time; and
- (2) Documentation completed during meeting.

c. Collateral contacts on behalf of the member, including face-to-face, telephone, and email contacts:

- (1) Contact time; and
- (2) Documentation completed during meeting.

d. Individual care plans and person-centered service plans:

- (1) Creation; and
- (2) Revision.

e. Social histories:

- (1) Creation; and
- (2) Revision.

f. Assessments and reassessments:

- (1) Participation during the assessment if requested by the member; and
- (2) Utilization of the assessment for creation of the person-centered service plan.