

19. Case management services and tuberculosis related services.
- a. Methods and standards for payment/reimbursement of case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A Target Group C: DD (in accordance with Section 1905(a) (19) of Section 1915(g) of the Act).

Rate(s):

The statewide rate of \$15.48 per unit was derived by using the average cost of calendar year 2009 salary and fringe benefit information obtained from eighteen Ohio County Boards of Developmental Disabilities (CBDD). The reported costs from the counties represent approximately seventy percent of the total costs for individuals delivering the targeted case management service. A rate was calculated by inflating forward 2009 costs to calendar year 2011. The rate also includes case management travel costs and an indirect cost rate of twelve percent.

State-developed fee schedule rates are for Ohio County Boards of Developmental Disabilities, governmental providers of case management for persons with developmental disabilities. The agency's fee schedule rate will be set as of July 1, 2011 and is effective for services provided on or after that date. All rates are published in rule 5101:3-48-01 of the Ohio Administrative Code.

Unit Definition:

A unit of service is equivalent to fifteen (15) minutes. Minutes of service provided to a specific individual can be accrued over one calendar day. The number of units that may be billed during a day is equivalent to the total number of minutes of TCM provided during the day for a specific individual divided by fifteen plus one additional unit if the remaining number of minutes is eight or greater minutes.

Claims Payment Process:

Providers will submit claims to the Ohio Department of Developmental Disabilities (DODD). For all providers of TCM, DODD will have a voluntary reassignment of claims payment form on file.

DODD will receive the claims through their system, conduct up-front edits and forward the claims to the Ohio Department of Job and Family Services (ODJFS) for adjudication.

DODD will post claims adjudication status as well as remittance advice information to their secure website for providers to access and download.

Post Review:

DODD will review claims quarterly to assure that each TCM practitioner does not bill more than 26, 15-minute units a day. This maximum is applied to services rendered on a daily basis rather than an average of service volume for some period of time greater than one day. DODD will conduct a retrospective prior authorization for units that exceed the established limit in

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cases where individuals receiving services meet medical necessity criteria established in Ohio Administrative Code rule. If any such claim does not meet the criteria for medical necessity, the CB/DD will return overpayment within two quarters of the state fiscal year to the state Medicaid agency. The return will be handled through the DODD Medicaid Billing System if the claims are less than 330 days from the date of service. Otherwise, the return will be processed as a separate transaction.

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