

Comments and Responses on ARC 9367B and 9448B  
Medicaid Requirements for Coverage of Case Management  
Received April 26, 2011

The following persons and organizations provided written comments, which are included in the summary below:

Debra Eckerman Slack, county case management services manager, Iowa State Association of Counties, Des Moines

Wendy Harrison, case manager supervisor, Fayette County

David Perret, DHS Bureau of Targeted Case Management, Des Moines

Shelly Sindt, case management director, Northwest Aging Association, Spencer

Annie Uetz, director of case management, Polk County Health Services, Des Moines

### **24-Hour Emergency Access**

COMMENT: I'm confused as to why language remains in the rule for Case Management to continue for members to have access to a Case Manager 24 hours per day, 90.8(2), when the March 8, 2011 letter from Jennifer Vermeer states they will no longer require Targeted Case Management Providers to have a 24-hour on-call system.

I would ask that 90.8(2) be revised from how it is currently written based on the above comment. The crisis plan has and should continue to provide members with the appropriate contact information of providers that are able to do direct service in the event of an emergency. Requiring case management to continue to provide 24 hour service to members is an unnecessary expense. Best practice does not have to be rule based. (Harrison)

RESPONSE: The amended notice, ARC 9448B, does remove the 24 hour on-call requirement from the Iowa Administrative Code. On this filing, see ITEM 4 for chapter 78 and then ITEM 7 for the rescission of 90.8(2).

COMMENT: I am in complete support of the rule change to remove the requirement for emergency access to the case manager 24 hours per day. Since implementation, there has not been one true emergency call requiring a case manager intervention at our agency. The cost of providing the service is funding that would be better utilized providing a necessary service to consumers. I would encourage implementation of the rule change as soon as possible rather than waiting until 9/1/11. (Sindt)

COMMENT: Polk County Health Services believes that 24 hour on-call for Targeted Case Management is a best practice. We have required that our subcontractors provide 24 hour on-call for over 13 years and will continue this requirement. Regarding the 90.5(1)"b"(5) change, we would like a statement that reads "If 24 hour on-call is not provided," prior to the changes. We do not believe we need identify all of the contract information in the crisis plan, when they just need to call one number. (Uetz)

COMMENT: While I support the removal of this requirement, I would request that when adding the requirement "that a member's crisis plan contain after hours contact information for all persons or resources identified for the member and an alternate contact to be used in the event that an individual

provider who is not employed by an agency does not show up to provide services as scheduled” be prefaced with “if the TCM agency does not provide 24 hour on call service to the member’s it serves”. This addition will save case management agencies that will continue to provide the 24 hour on-call service from being required to list all of these possible contacts if they are available 24 hours per day. (Eckerman Slack)

COMMENT: DHS Targeted Case Management proposes its amendment (see [bold] language) to ARC 9448B by providing for an “either/or” option that allows a Targeted Case Management provider a choice to either: maintain its emergency on-call system pursuant to 90.8(2) “Emergency Coverage”, or to follow additional Crisis Plan after hour contact requirements as proposed in new Item 4. Item 7 would be changed by keeping sub-rule 90.8(2) intact, as amended. It would not be rescinded and reserved. The Targeted Case Management provider would not be required to implement the new Crisis Plan requirements if it maintained its after hours on call emergency coverage, and vice-versa.

ITEM 4. Amend subparagraph 90.5(1)”b”(5) as follows:

(5) Include an individualized crisis intervention plan that identifies the supports available to the member in an emergency. A crisis intervention plan shall identify:

1. Any health and safety issues applicable to the individual member based on the risk factors identified in the member’s comprehensive assessment.
2. An emergency backup support and crisis response system, including emergency backup staff designated by providers, to address problems or issues arising when support services are interrupted or delayed or the member’s needs change.

~~3. The Crisis Plan must include~~ After hours contact information for all persons or resources identified for the member.

4. An alternate contact to be used in the event that an individual provider not employed by an agency does not show up to provide services as scheduled.

**5. A Targeted Case Management provider shall not be required to implement items 3 or 4 of subparagraph 90.5(1)”b”(5) if the Targeted Case Management provider chooses to implement or maintain emergency coverage pursuant to subrule 90.8(2).**

ITEM 7. ~~Rescind and reserve subrule 90.8(2).~~ Amend subrule 90.8(2) as follows:

90.8(2) Emergency coverage. ~~Effective October 1, 2009, a~~ A provider of case management shall have an on-call system to ensure that, in the event of an emergency, members have access to a case manager 24 hours per day, including weekends and holidays. Expectations and parameters for emergency coverage are as follows:

a. to d. No change.

**e. The targeted case management provider shall not be required to implement the emergency coverage provisions of this subrule if it implements after hour contact information in the member’s crisis plan pursuant to items 3 and 4 of subparagraph 90.5(1)”b”(5).** (Perret)

RESPONSE: The IME agrees to make the following changes to Item 4, 90.5(1)b.(5):

(5) Include an individualized crisis intervention plan that identifies the supports available to the member in an emergency. A crisis intervention plan shall identify:

1. Any health and safety issues applicable to the individual member based on the risk factors identified in the member's comprehensive assessment.
2. An emergency backup support and crisis response system, including emergency backup staff designated by providers, to address problems or issues arising when support services are interrupted or delayed or the member's needs change. The interdisciplinary team shall determine which of the following options will be included in the crisis plan:
  - After hours contact information for all person or resources identified for the member and an alternate contact to be used in the event that an individual provider not employed by an agency does not show up to provide services as scheduled; or
  - After hours contact information for an on-call system for the provider of case management to ensure that, in the event of an emergency, members have access to a case manager 24 hours per day, including weekends and holidays.
3. (there would be no 3.)

### **Comprehensive Assessment**

COMMENT: Since the rules are being amended, I would like to see 441-90.5(1)“a” amended also. It states that form 470-4694 be used to complete a comprehensive assessment. Form 470-4694 is approximately 34 pages long prior to any narrative being completed. We have received numerous complaints from providers, family members and consumers due to the time it takes to complete this form. Several times, we have had to hold two meetings because the consumer couldn't concentrate long enough to complete all of the questions. Once we have the information, we have to go back and type up all of the answers and the narrative to make sure we meet all of the Chapter 24 standards. This can take many hours to complete. After completed, it is difficult for providers, family members and consumers to find information within a document that is typically over 40 pages long just because it is so overwhelming.

441-90.5(1) states the covered services for Targeted Case Management. They include completing the comprehensive assessment and periodic reassessment of the member's individual needs using Form 470-4694, completing a comprehensive service plan, completing referrals and related activities, monitoring and follow up of services and services providers and contacts with and on behalf of the individuals enrolled in Targeted Case Management. Although paperwork is a billable activity, Magellan will not allow enough units to cover all of the paperwork requirements outlined in Chapter 90 including Form 470-4694. Targeted Case Management agencies are in a catch 22. We are required to complete all of the paperwork including the Form 470-4694 but we cannot get paid for all of our billable activities.

Please consider using the previous assessment format or provide insight to Magellan to make sure all of our billable activity is covered. (Uetz)

RESPONSE: This comment has been communicated frequently to IME staff. In response to those communications, earlier this year a group of case management providers met several times for the purpose of suggesting to the IME how the Comprehensive Assessment could be shortened while at the same time gathering the information needed by the IME staff. After several meetings, the group determined that they had no recommendations for shortening the form. IME staff understands that the form is lengthy, but feels that the length is dictated by the amount of information needed to more adequately define the needs of Medicaid members.