

**NUMBER**

#17-68-17

**DATE**

July 26, 2017

**OF INTEREST TO**

County Directors

Social Services Supervisors and  
Staff

Tribal Social Services

Contracted Vendors

Fiscal and Income Maintenance  
Supervisors and Staff**ACTION/DUE DATE**Read information and prepare  
for implementation**EXPIRATION DATE**

July 26, 2019

## Child Welfare – Targeted Case Management Policy Guidelines

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**TOPIC**

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

**PURPOSE**

Provide instructions to claim Medical Assistance reimbursement for providing CW-TCM. Replaces bulletins 14-68-21 and 14-68-20; a combined bulletin for county and tribal agencies and contracted vendors.

**CONTACT**

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**SIGNED**

JAMES G. KOPPEL

Assistant Commissioner

Children and Family Services Administration

**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.

## I. Background and legal references

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### A. History of Child Welfare – Targeted Case Management (CW-TCM)

**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 revenue gained 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 (now Family Assessment) 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), Center for Medicare and Medicaid Services (CMS), issued an interim final rule that CW-TCM no longer qualified for federal financial participation (FFP), effective Mar. 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.

### B. Legal references

[Title XIX of the Social Security Act, section 1915 \(g\)](#)

[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](#)

[Preventing Sex Trafficking and Strengthening Families Act of 2014, P.L. 113-183](#)

[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 Statutes, section 256.01, subdivision 14b](#)

[Minnesota Rules, part 9505.2165](#)

[Minnesota Rules, part 9505.2175](#)

## II. General information

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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 are required to assess the delivery, appropriateness, and effectiveness of services on a regular basis.

### A. Eligible providers

#### **County and tribal agencies**

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 nine Minnesota tribes are certified as CW-TCM providers. A certified provider may contract with a qualified vendor to provide case management services.

#### **Tribes**

In 1999, legislation was enacted for federally recognized Indian tribes in Minnesota to become certified providers of CW-TCM, if they choose. Federal approval was given for tribal social service agencies to receive 100 percent federal reimbursement for services provided through an Indian health service or 638 facility. A 638 provider is a health care facility owned or operated by a tribe or tribal organization with funding authorized by Titles I or V of the Indian Self-Determination and Education Assistance Act, Public Law 93-638, as amended.

The following guidelines determine whether a tribal facility is a 638 provider:

- A facility is already enrolled with the department as a 638 provider. That designation will extend to a facility's provision of CW-TCM services. A facility's designation as a 638 provider needs to be maintained.
- If a facility applying to provide CW-TCM is managed separately from a facility that is already enrolled, it will be necessary for a tribe to confirm that the health care facility applying to provide CW-TCM services is a 638 provider.

The following are methods of confirming a 638 designation from the department:

- A letter from Indian Health Services (IHS), Bemidji area office or central office, indicating that a facility (identified by name and address) is a 638 facility
- Written assurance from a tribe that a facility (identified by name and address) is owned or operated by a tribe, or a tribal organization with funding directly obtained under a 638 contract or compact.

### **Contracted vendors**

Contracted vendors must meet the following criteria:

- Be enrolled as a Medical Assistance provider
- Have a negotiated contract with a county or tribal agency, as contracted vendors cannot be certified providers
- Contract must specify the negotiated monthly payment rate 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 or tribal agency must perform the initial assessment to determine if a child is eligible for CW-TCM
- Contracted staff providing CW-TCM services must meet qualifications for case managers listed below, and in Minnesota Statutes, sections 256F.10 and 256B.094.

Contracted vendors may refer to the [Minnesota Health Care Provider](#) manual on CW-TCM for more information.

## **B. 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 specific qualifications listed below. Tribal agencies may use qualifications defined in state statute, or develop their own criteria. A copy of a tribal agency's case manager's qualifications needs to be submitted with an application for certification. If a case

manager's qualifications are subsequently revised, an addendum should be submitted to the department. Minimum qualifications include:

- Bachelor's degree in social work, psychology, sociology, or a closely related field from an accredited four-year college or university. If a case manager's bachelor's degree is not in one of the above fields, they must have one year of supervised experience in the delivery of social services to children as a caseworker 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.
- Previously authorized to serve as a tribal child welfare case manager certified by a federally recognized tribal government within Minnesota, pursuant to [Minnesota Statutes, section 256B.02, subdivision 7, paragraph \(c\)](#), and determined as meeting applicable standards.

## C. 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 during an audit. Payments are based on the following contacts:

- **Face-to-face contact** between a case manager and child, child's family, primary caregiver, legal representative, or other relevant person identified as necessary to develop or implement goals of an individual service plan. The contact must be in person and not by video or other electronic sources.
- **Telephone contact** is allowed for claiming CW-TCM reimbursement for children in out-of-home placement more than 60 miles beyond the border of the county of financial responsibility or reservation border. (Note: For children being served by tribal urban offices, if a child is under tribal court jurisdiction, the "60 miles" is from the reservation border. For children under county court jurisdiction, the "60 miles" is from the county border). Telephone contact may be claimed for two consecutive months; then face-to-face contact must occur for claims to continue. Email cannot substitute for telephone contact.

## D. CW-TCM versus monthly caseworker visit requirements

Although CW-TCM can be claimed for telephone contact for two months, all children in out-of-home placement must be seen monthly through face-to-face caseworker visits in accordance with [Minnesota Statutes, section 260C.212, subdivision 4a](#), and the federal Child and Family Services Improvement Act of 2006 {P.L. 109-288}. State and federal laws require that every child in foster care or on a trial home visit must 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 majority of monthly visits must occur in a child's residence. Monthly visits with a child must be face to face; telephone contact cannot be used as a substitute for this requirement. While the visit may be claimable if CW-TCM services are provided, the requirement for monthly visits with children in out-of-home placement is a separate requirement from CW-TCM.

[Minnesota Statutes, section 256.01, subdivision 14b](#). Through the American Indian Child Welfare Initiative (AICWI), White Earth and Leech Lake tribes are responsible for ensuring monthly contact with children in out-of-home placement in AICWI eligible cases. In non-AICWI cases, visits conducted by primary workers assigned by both tribal and county agencies count toward meeting the requirements.

## E. Children placed out-of-state

If a child is placed in another state, an assigned caseworker from the supervising agency in the state where a child is placed is responsible for having monthly face-to-face visits with a child. A standard part of an Interstate Compact on the Placement of Children (ICPC) agreement is that the out-of-state supervising agency submit a monthly progress report to the department and the placing county or AICWI tribe. These progress reports include face-to-face visits a supervising agency has had with a child. The agency a child is placed from should record contacts made by a supervising agency in SSIS and use the "external placement case manager" as the person that made the contact, fulfilling an agency's requirement of a monthly face-to-face visit. An external worker cannot claim CW-TCM, as the worker making a claim needs to be an employee of or contracted with a county or tribal agency in Minnesota certified to provide CW-TCM services.

## III. CW-TCM activities and services

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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.

### Allowable activities

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 for services.
- Complete and maintain necessary documentation that supports and verifies the above activities.

### **Activities not allowed**

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 Family Assessments and Family Investigations).
- 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). Claiming for a residential treatment facility (Rule 5) is not allowed except 30 days prior to discharge. Claiming is limited to two 30-day periods per calendar year. [[Minnesota Statutes, section 256B.094, subdivision 2, clause \(9\)](#)]

- 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 \(10\)\]](#)

## IV. Requirements for determining CW-TCM eligibility and obtaining reimbursement

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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. The CW-TCM assessment, service plan type, and case finding are required fields for each child that an agency is claiming CW-TCM and are in a participant's folder under Supplemental Health Care Eligibility. For contracted vendors and tribes without access to SSIS, case documentation must be in a child's case file.

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.

### A. CW-TCM assessment

Eligible recipients include children under age 21 on Medical Assistance or MinnesotaCare who meet 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](#) (This statute covers required elements in the out-of-home placement plan. The agency responsible for child welfare services determines, by assessment, if a child is at risk of placement).
- At risk of maltreatment, or experiencing maltreatment, as defined in [Minnesota Statutes, section 626.556, subdivision 10e](#) (This statute references agency roles and responsibilities in assessment or investigation of a maltreatment report. After conducting a Family Assessment or investigation, the local welfare agency determines whether services are needed to address the safety of a child and other family members, and the risk of subsequent maltreatment).



- In need of protection or services as defined in [Minnesota Statutes, section 260C.007, subdivision 6](#) (This statute covers specific definitions of when a child is in need of protection or services, for example, physical or sexual abuse, neglect, or medically neglected. Also, included: (4) is without the special care made necessary by a physical, mental, or emotional condition because a child's parent, guardian, or custodian is unable or unwilling to provide that care).

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 above) 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.

## B. Case finding

A case finding must state why a child is eligible and why case management services are needed. For SSIS users, this is a required narrative field in the Supplemental Health Care Eligibility screen.

Following is an example of an appropriately documented case finding: The child is in need of protection and services due to neglect as the child, age 5, had been left alone overnight without supervision.

## C. CW-TCM service plan

Following an eligibility assessment and case finding for CW-TCM services, a case plan must be written that includes the CW-TCM services a child needs prior to claiming. The service plan must be specific to a child and include the following components:

- Identify the services provided to address a child's needs
- Include action steps to ensure child receives services
- Identify person(s) responsible to implement the plan
- Include goals to be achieved and time frame for completion
- Signature of parent or guardian required, except if court ordered
- Review when needed, but required at least annually.

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 to be provided to each child. If a CW-TCM service plan is part of another plan, the CW-TCM plan must be identified and include the necessary components, listed above, 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 (incorporate the CW-TCM components)
- Family Assessment Service Plan (incorporate the CW-TCM components)
- 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 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 a review pertains to each specific child. The annual review is required to be completed in SSIS within the Annual Review tab on the CW-TCM screen.

## **D. Documenting CW-TCM contacts/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 contact must include the following for each child receiving CW-TCM:

- Date of contact and duration
- Name of person contacted
- Name of child involved in a 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 for all SSIS users.

## V. Dual case management

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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 when more than one case manager is involved should be clearly defined, distinct from one another and appropriately 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)

### A. Service plan for dual case management

The need for dual case management is 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 a child needs two services
- What services each worker will provide
- How coordination of services and communication between workers will 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 a 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.

## B. Mental Health – Targeted Case Management (MH-TCM)

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 as described above (see section IV.A of this bulletin). CW-TCM and MH-TCM 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, sections 256B.094](#) and [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 MH-TCM services.

## C. Developmental disability (DD) Rule 185 and waiver services

Children who are developmentally disabled are not eligible for CW-TCM services based solely on their disability. [\[Provider Manual\]](#) If a child is eligible for [“Rule 185”](#) case management and/or receiving a DD waiver<sup>[A1]</sup>, they must also meet one of the three statutory CW-TCM eligibility criteria described in section IV.A for CW-TCM services to be provided and claimed.

Waiver case management services are related to a child’s disability diagnosis and 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 (see section VI.C, Special financial considerations). Minnesota currently administers four disability waivers related to children:

- Community Alternative Care (CAC) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Brain Injury (BI) Waiver
- Developmental Disabilities (DD) Waiver

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, distinct from one another, and documented. It is essential that CW-TCM services provided are separate from the DD waiver services. If one case manager is providing both services, there must be separate documentation for each service provided.

## D. Tribal and county 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
- Compliance with the Indian Child Welfare Act, [Indian Children Welfare Manual](#)
- Other documented circumstances determined by a county or tribal agency.

Both agencies should decide jointly what CW-TCM 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 social services 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 needed services, or a tribal and county agency agree that the county should be the provider of certain services, it is the responsibility of the county agency to deliver necessary CW-TCM 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, Indian Child Welfare Act, and the Minnesota Indian Family Preservation Act (MIFPA).

## E. Counties, tribes and contracted vendors

A county social services and a tribal agency, as well as a contracted vendor, may all provide CW-TCM services to a child in some situations. Once a county or tribal 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 case managers. Each agency must retain a copy of the service plan in a child's case record.

One county and one tribal case manager, and one case manager under contract with a county or tribal agency, may each bill for a month they provide documented non-duplicative services.

## VI. Billing/claiming

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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.

The following BRASS 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

### A. Considerations for particular program areas and/or services include:

**Initial assessment claiming.** Services to children who are subjects of maltreatment reports are not categorically eligible for CW-TCM reimbursement. A child protection assessment/investigation 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 services, and not eligible activities for CW-TCM claiming.

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

CW-TCM services provided during an assessment/investigation 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/investigation to claim CW-TCM is not allowed.

**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.

**Sexually exploited youth.** CW-TCM may be claimed for children and youth who have been victims of sexual exploitation or are at risk of sexual exploitation, if they meet CW-TCM eligibility requirements. Minnesota Statutes, [section 260C.007, subdivision 31](#), defines a sexually exploited youth as an individual who is alleged to have engaged in conduct which would, if committed by an adult, violate any federal, state, or local law relating to being hired, offering to be hired, or agreeing to be hired by another individual to engage in sexual penetration or sexual conduct, or is a sex trafficking victim as defined in section 609.321, subdivision 7b.

**Truancy/runaways/delinquent child.** A child who is considered a habitual truant, a runaway, or has committed a delinquent act or juvenile petty offense before becoming 10 years old, defined in [Minnesota Statutes, section 260C.007, subdivision 6](#), may be eligible for CW-TCM if all required criteria are met, and the provider is certified to provide CW-TCM as a county or tribal social service agency or contracted vendor. Case management services that are reimbursed by another funding source, such as a Local Collaborative Time Study, cannot be claimed under CW-TCM.

**Parent Support Outreach Program (PSOP).** County and tribal agencies cannot bill CW-TCM for a service, such as PSOP, that is partially funded by federal dollars. To be in compliance with federal law and not receive duplicate payments for the same service, county and tribal agencies may choose one of two options:

- Utilize PSOP funding only for “hard services” such as rental assistance. The agency could then use CW-TCM for case management services, assuming a case met all other eligibility criteria for CW-TCM.
- If allocation funding is expended and a county or tribal agency continues serving families with local dollars, CW-TCM could be billed for case management services, assuming a case met all other eligibility criteria for CW-TCM.

In both scenarios, careful accounting is needed by an agency to avoid duplication. Refer to [PSOP bulletin 16-68-04](#) for information on this and the PSOP program.

## **B. Billing**

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.

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.

One county and one tribal case manager, and case manager under contract with a county or tribal agency, may each bill for a month they provided and documented services. However, if there are two county workers active with the same child, only the first claim submitted is paid.

Completed contacts entered in SSIS within the CW-TCM eligible start and end dates are potentially claimable.

### **Counties**

County agencies may submit one claim per month, for each child where a documented eligible activity occurred.

### **Tribes**

Tribal agencies may submit one claim per 24 hours for each child in which a documented eligibility activity occurred.

### **Contracted vendors**

Contracted vendors may submit one claim per month for each child where a documented eligible activity occurred. A contracted vendor for a tribal agency cannot make a claim per 24 hours. 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, it must determine how to distribute payments among members.

## **C. Special financial considerations**

### **The Tax Equity and Fiscal 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 waiver, 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. Public and county staff may access a web page that provides fee estimates to parents at [pfestimator.dhs.mn.gov](https://pfestimator.dhs.mn.gov) to determine 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.

### **Spenddowns**

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 services, or if services are court ordered. County and tribal agencies may voluntarily apply the monthly cost to the spenddown by absorbing the cost for a client, or may bill a client.

## **D. Rates of reimbursement**

### **Counties**

Counties receive 50 percent federal reimbursement for CW-TCM services. The county agency is paid the entire rate and the department bills the county 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.

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 a county agency's 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), [department bulletin #17-32-08](#). 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. County agencies 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 agency costs that are eligible to use for all TCM rate setting.

- Targeted Case Management Client Statistical Report, [department bulletin #16-32-07](#). 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 served (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 county agencies have data combined with other counties because 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.

### **Tribes**

Tribal agencies receive 100 percent federal reimbursement for services provided through an Indian health service or 638 facility. Each CW-TCM claim submitted by tribal agencies is paid at the same rate for one claim per 24-hour period. The rate is the average monthly CW-TCM rate of the counties contiguous to tribal reservations, divided by two. All tribal agencies receive the same rate per claim. The rates for county and tribal agencies are adjusted annually on July 1 by the department, based on actual expenditures.

### **Contracted vendors**

The negotiated monthly rate of payment is specified in the contract with the county or tribal agency and approved by the department. The 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](#).

Medical Assistance will pay the contracted vendor the total rate, and the department will bill the county agency for the non-federal share.

## **E. Revenue spending requirements**

CW-TCM revenue may be used to fund positions, maintain and expand prevention services. 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 as follows:

### **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

Minnesota Statutes, sections 256F.10 and 245.4931, clause (7), mandate 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.

## **Americans with Disabilities Act (ADA) Advisory**

This information is available in accessible formats for people with disabilities by calling (651) 431-3809 (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.