

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)

CASE MANAGEMENT AND CARE COORDINATION REIMBURSEMENT DOCUMENTATION SUPPLEMENTAL ATTACHMENT TO THE CPBC FSR (DCH-0412)

Local Health Department:	Reporting Period:
Prepared By:	Date Prepared:

Care Coordination Services

I. Level I: Plan of Care (POC) (Maximum of one Plan of Care per eligibility year per client)

Annual Plan of Care in the client's home:

1.	_____ # of services provided to Title V clients	X \$150.00	\$0.00	
2.	_____ # of services provided to Title V/ XIX clients	X \$150.00	\$0.00	
Annual Plan of Care by Telephone:				
3.	_____ # of services provided to Title V clients	X \$100.00	\$0.00	
4.	_____ # of services provided to Title V/ XIX clients	X \$100.00	\$0.00	
5.	TOTAL Level I/ POC Services billed for Title V this period: (Lines 1 + 3)		\$0.00	PCA 88070
6.	TOTAL Level I/ POC Services billed for Title V/ XIX this period: (Lines 2 + 4)		\$0.00	PCA 88080
7.	TOTAL Level I/ POC Services billed for Title V and Title V/ XIX this period: (Lines 5 + 6)		\$0.00	

II. Level II: Care Coordination (Maximum of 10 services per eligibility year per client)

8.	_____ # of services provided to Title V clients	X \$30.00	\$0.00	PCA 88040
9.	_____ # of services provided to Title V/ XIX clients	X \$30.00	\$0.00	PCA 88050
10.	TOTAL Level II Care Coordination billed this period: (Lines 8 + 9)		\$0.00	
11.	TOTAL CSHCS Care Coordination (Level I + Level II): (Lines 7 + 10)		\$0.00	Enter on FSR

III. Case Management Services (Maximum of six services per eligibility year per client without prior authorization by MDCH.)

12.	_____ # of services provided to Title V clients	X \$201.58	\$0.00	PCA 88010
13.	_____ # of services provided to Title V/ XIX clients	X \$201.58	\$0.00	PCA 89650
14.	_____ # of services provided to Title XIX clients	X \$201.58	\$0.00	PCA 89650
15.	TOTAL CSHCS Case Management Services billed this period: (Lines 12 + 13 + 14)		\$0.00	Enter on FSR