MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.

Meghan Siguentes Vanderstelt

Director, Program Policy Division
Bureau of Medicaid Policy, Operations, and Actuarial Services

Project Number:	2307-TCM	**Comments Due:**	May 8, 2023	**Proposed Effective Date:**	July 1, 2023

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Policy Subject: Targeted Case Management Services for Recently Incarcerated Beneficiaries

Affected Programs: Medicaid, Healthy Michigan Plan

Distribution: All Providers

Policy Summary: Targeted case management (TCM) services are part of a comprehensive health benefit available to individuals with chronic or complex physical or behavioral health care needs and were recently released from an incarcerated setting.

Purpose: TCM services are being made available to assist individuals in gaining access to appropriate medical, educational, social, and/or other services. TCM services are available to any beneficiary who is 18 years of age and older; meets Medicaid eligibility requirements; has a chronic or complex physical or behavioral health care need; and was a recent inmate or was involuntarily residing in a prison or county jail.

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: All Providers

Issued: May 1, 2023 (Proposed)

Subject: Targeted Case Management Services for Recently Incarcerated Beneficiaries

Effective: June 1, 2023 (Proposed)

Programs Affected: Medicaid and Healthy Michigan Plan

I. General Information

Targeted case management (TCM) services are part of a comprehensive health benefit available to individuals with chronic or complex physical or behavioral health care needs and were recently released from an incarcerated setting. TCM services assist individuals in gaining access to appropriate medical, educational, social, and/or other services. TCM services include assessments, planning, linkage, advocacy, care coordination, referral, monitoring, and follow-up activities (e.g., education and supports).

II. Beneficiary Eligibility

TCM services are available to any beneficiary who is 18 years of age and older; meets Medicaid eligibility requirements; has a chronic or complex physical or behavioral health care need; and was a recent inmate or was involuntarily residing in a prison or county jail. A recent inmate is an individual who was in custody and held involuntarily through operation of law enforcement authorities in an institution which is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

Eligible beneficiaries will be offered the choice of receiving the TCM services benefit. An initial in-reach visit may occur by a licensed registered nurse (RN), a fully licensed clinical social worker (LMSW), a community health worker (CHW), peer support specialist (PSS), or a peer recovery coach (PRC). The TCM services benefit includes a comprehensive assessment visit, development of a care plan, referrals and related activities, monitoring, and follow-up activities. In addition to TCM services, eligible beneficiaries will receive the full array of Medicaid-covered benefits.

III. Accessing Services Via In-Reach

TCM providers should conduct an in-reach visit in person when feasible. In-reach is a service provided to individuals prior to their release from an incarcerated setting to establish a relationship with a provider, and to identify health conditions, transition medical records, and set up community-based care. The TCM provider should review the information provided by prison or county jail personnel to verify the beneficiary's current Medicaid benefit plan, and determine the appropriate process and team members (e.g., CHW, PSS, PRC, LMSW, or RN) to fulfill the in-reach service.

The in-reach visit should occur at least 7-14 calendar days, and no more than 30 calendar days, prior to the beneficiary's release from the incarcerated setting. The in-reach visit is to be provided face-to-face. Face-to-face is defined as either in-person or via telehealth (i.e., simultaneous audio and visual technology). The TCM provider must document the date of release and the date of the in-reach/initial contact in the beneficiary's medical record. The purpose of in-reach includes, but is not limited to:

- further educating the beneficiary regarding the TCM services program and answer any questions;
- collecting the beneficiary's demographic information, family contact information, criminal history, parole/probation officer information, current legal status, anticipated release date, and medical, behavioral health, and substance use disorder (SUD) history;
- collecting information regarding where the beneficiary plans to reside upon release from incarceration and how they can be contacted;
- coordinating medication-assisted treatment (MAT) to continue needed prescriptions and other immediate needs upon release from incarceration; and
- scheduling the initial in-person comprehensive assessment visit with the qualified case manager within 90 days of release from the prison or county jail.

A. Prison and County Jail In-Reach Process

The qualified health professional (QHP) or qualified mental health professional (QMHP) from the prison, or the county jail medical and/or behavioral health staff, will identify Medicaid-eligible beneficiaries that may qualify for the TCM benefit. The recommendation for a beneficiary to participate in the TCM benefit should be based on an assessment of their chronic and/or complex physical and/or behavioral health care needs.

The QHP, QMHP, or county jail personnel should share information regarding the details of the TCM services program with the beneficiary and offer them a choice to participate in the benefit. The beneficiary should be provided with a list of available choices of TCM providers in the area they plan to reside once released.

Once the beneficiary chooses a TCM provider, the QHP, QMHP, or county jail personnel will reach out to the provider to coordinate a face-to-face in-reach visit with a qualified case manager, CHW, PSS, or PRC that the TCM provider has identified to furnish the visit. The TCM provider should follow-up with the prison or county jail within three (3) business days of being contacted.

Referrals for TCM should be coordinated among the available TCM providers in the community, and these services should be rendered in the most appropriate setting. For example, a referral to a federally qualified health center (FQHC) or other clinic setting may be a more appropriate setting to address a medical or physical health care need; whereas a certified community behavioral health clinic (CCBHC) or community mental health services program (CMHSP) may be more appropriate to address a beneficiary's behavioral health care need.

Prior to the in-reach visit, the QHP or QMHP from the prison, or the county jail personnel should verify the beneficiary's Medicaid status and forward a pre-screen form that includes the beneficiary's name, Medicaid ID number, date of birth, contact information, family contact information, demographics, parole/probation officer contact information, anticipated release date, and health history to the TCM provider. In addition, visiting staff from the TCM provider are required to complete a Law Enforcement Information Network (LEIN) security clearance form prior to entering the prison setting.

IV. Core Elements of TCM Services

TCM services must include coordination with the beneficiary's primary care provider (PCP), other providers, and Medicaid health plan (MHP), as applicable. The purpose of TCM services is to provide a comprehensive array of services that are appropriate to the conditions of the beneficiary. At a minimum, TCM services must include:

- an in-person comprehensive assessment, history, re-assessments, and identification of a course of action to determine the specific needs of the beneficiary and to develop an individualized care plan;
- referral, linking, coordinating, follow-up, and monitoring to assist the beneficiary in gaining access to services; and
- coordination with the beneficiary's PCP, other providers, and MHP, as applicable.

A. Comprehensive Assessment Visit

The beneficiary must be offered the choice to participate in the TCM services benefit program or any another program that provides a similar case management benefit that they may qualify for. Beneficiaries are not restricted from receiving case management services from any qualified Medicaid provider.

A qualified case manager (e.g., licensed nurse or clinical social worker) should perform an in-person comprehensive assessment visit within 90 days after the beneficiary is released from the prison or county jail. The comprehensive assessment visit is limited to one (1) visit per beneficiary throughout each period of eligibility following release from an incarcerated setting.

During the initial visit, the qualified case manager must verify the beneficiary's Medicaid eligibility and coverage by utilizing the Benefit Plan ID(s) provided in the Community Health Automated Medicaid Processing System (CHAMPS) eligibility response. (Refer to the Verifying Beneficiary Eligibility Section of the Beneficiary Eligibility chapter in the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual for additional information.) The qualified case manager should contact MDHHS Provider Support (providersupport@michigan.gov) to have the benefit plan updated to end the Medicaid incarceration benefit plan restrictions, if needed. Information should include the following:

- beneficiary's name, Medicaid ID number, and date of birth;
- beneficiary's incarceration release date;
- incarceration facility name;
- claims information, if applicable; and
- information regarding documentation/proof of discharge that was uploaded into the Document Management Portal (DMP) (e.g., release paper or Offender Tracking and Information System (OTIS) screenshot).

The Document Management Portal (DMP) is a tool in CHAMPS that allows providers and billers to upload documents and submit supporting documentation electronically for Medicaid electronic claims. (A website will be established for more information and tutorials on the DMP.)

The purpose of the comprehensive assessment visit is to gather sufficient information to develop an individualized care plan for the beneficiary. Initial comprehensive assessment activities include, but are not limited to, the following:

- taking a beneficiary's history;
- identifying the beneficiary's needs and completing related documentation;
- gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the beneficiary;
- assessment of the beneficiary's access to a PCP and other healthcare providers;
- assessment of the beneficiary's dental needs;
- assessment of the beneficiary's access to transportation;
- supporting the beneficiary in the timely completion of MHP enrollment using the Michigan ENROLLS established process;
- identifying available community-based resources;

- facilitating and coordinating referrals and related activities;
- scheduling a medical visit with the TCM provider physician to address immediate health care needs if necessary, or coordinating with the beneficiary's chosen MHP to schedule a medical visit with their PCP within 30 days of the individual's release from an incarcerated setting; and
- coordinating any necessary substance abuse or behavioral health assessments and related services needed with the prepaid inpatient health plan (PIHP)/CMHSP.

B. Development of the Care Plan and Documentation

During or immediately following the in-person initial comprehensive assessment visit, a specific care plan that is based on the information collected through the initial comprehensive assessment must be developed for beneficiaries who agree to participate in the TCM services program. The care plan must specify the goals and actions to address the medical, educational, social, and/or other services needed by the beneficiary. The qualified case manager must work with the beneficiary and others to develop those goals, and to identify a course of action to respond to the assessed needs of the beneficiary. The care plan should address the physical and behavioral health needs of the beneficiary, along with any other needed resources such as housing, energy assistance, food and nutrition, vocational and training, and transportation needs. The care plan should be shared with the beneficiary's MHP, PCP and PIHP, as applicable, to the extent permitted under all applicable state and federal laws.

TCM providers are required to document the following information for all beneficiaries receiving TCM services:

- name of the beneficiary;
- dates of the TCM services;
- name of the TCM provider and qualified case manager providing TCM services;
- nature and content of the TCM service visits received, and whether goals specified in the care plan have been achieved;
- whether the beneficiary has declined services within the care plan;
- plan monitoring and follow-up to include activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible beneficiary's needs;
- estimating the frequency of the monitoring and follow-up visits to adequately meet the needs and wants of the beneficiary during the 12 months of eligibility;
- the need for, and occurrences of, coordination with other providers;
- timeline for obtaining needed services;
- timeline for re-evaluation of the care plan; and
- update of the care plan as needed.

C. Referrals and Related Activities

In collaboration with the PCP and the MHP, it is expected that the qualified case manager will facilitate and coordinate referral and related activities to assist the beneficiary in obtaining needed services. Activities such as scheduling appointments or linking the beneficiary with medical, educational, social, and/or other providers, programs, and services to address identified needs and achieve goals specified in the care plan are primary components of TCM services. Referral activities include, but are not limited to, the coordination of the following:

- medical/physical and behavioral healthcare services;
- dental services;
- SUD services;
- transportation services;
- nutritional and food services and resources (e.g. diabetes education, obesity reduction and prevention, and/or coordinating referrals to the Supplemental Nutrition Assistance Program [SNAP], Women, Infants, and Children [WIC] or Food Assistance Program [FAP]);
- housing and energy assistance;
- education resources;
- employment, job training, or other financial services; and
- any additional social supports and services to assist the beneficiary in obtaining other needed services and assistance.

D. Monitoring and Follow-Up Activities

Monitoring and follow-up activities include activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible beneficiary's needs, and which may be conducted with the beneficiary, family members, service providers, or other entities or beneficiaries. Monitoring and follow-up activities are conducted as frequently as necessary throughout each period of eligibility following release from an incarcerated setting.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The case manager must determine, on an ongoing basis, if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and scope of case management monitoring activities must reflect the intensity of the beneficiary's physical health, behavioral health, and welfare needs identified in the beneficiary's care plan.

i. <u>Monitoring Visits</u>

Monitoring visits are provided by a qualified case manager and may or may not require face-to-face interaction. Monitoring visits are limited to 11 visits throughout each period of eligibility following release from an incarcerated setting. Monitoring

visits are provided to ensure the beneficiary's needs are being met. Monitoring activities include, but are not limited to, addressing that:

- services are being furnished in accordance with the beneficiary's care plan;
- services in the care plan are adequate;
- changes in the needs or status of the beneficiary are reflected in the care plan;
- the beneficiary has received a medical/physical health visit by a physician or non-physician practitioner (NPP) and is receiving appropriate follow-up services if necessary;
- the beneficiary has received a behavioral health assessment visit by a behavioral health specialist and is receiving appropriate follow-up services, if necessary;
- the beneficiary has been screened for SUD and has been referred to the PIHP for any treatment services, if necessary;
- the beneficiary's dental needs are being met;
- the beneficiary's transportation needs are being met;
- the beneficiary is residing in a safe environment (e.g., house, apartment, etc.);
- the beneficiary has access to daily food and nutritional needs;
- the beneficiary has been offered or is engaging in some type of education or job training; and/or
- the beneficiary is being facilitated in a job search.

ii. Follow-Up Activities

Follow-up activities include education and support visits that may be provided by a qualified case manager or another professional under the supervision of the qualified case manager, such as a CHW, PSS, or a PRC. Education and support visits may or may not require face-to-face interaction and they are limited to 11 visits throughout each period of eligibility following release from an incarcerated setting. Education and support services include activities that are necessary to ensure the beneficiary receives personalized assistance and guidance in navigating the healthcare system and numerous other needed resources and services. Education and support services include activities to support the beneficiary in attaining their goals identified in the care plan and include, but are not limited to, the following:

- verify the beneficiary's Medicaid eligibility and coverage by utilizing the Benefit Plan ID(s) provided in the CHAMPS eligibility response. (Refer to the Verifying Beneficiary Eligibility Section of the Beneficiary Eligibility chapter in the MDHHS Medicaid Provider Manual for additional information.) The qualified case manager, or another professional under the supervision of the qualified case manager, should contact MDHHS Provider Support (providersupport@michigan.gov) to have the benefit plan updated to end the Medicaid incarceration benefit plan restrictions, if needed.
- facilitate the care plan;

- encourage the beneficiary to receive a medical/physical health visit by a physician or NPP as well as appropriate follow-up services if necessary;
- encourage the beneficiary to receive a dental visit;
- meet regularly with the TCM provider healthcare team to plan care, and exchange information with other healthcare team members;
- follow-up with the beneficiary one to two weeks following the medical visit with the PCP;
- coordinate with the beneficiary's parole/probation officer to identify and assist the beneficiary in accessing community resources and social services (e.g., smoking cessation programs, food assistance, energy assistance, transportation, legal services, etc.);
- coordinate with the beneficiary's parole/probation officer to identify housing assistance and provide support locating and acquiring appropriate housing for achieving independent living (e.g., assisting with Section 8 Housing voucher applications);
- provide vocational assistance and support by aiding the beneficiary in seeking education and/or training opportunities, job seeking, developing self-employment opportunities, etc.
- facilitate health education and support groups;
- developing, implement, and provide health, wellness, and prevention initiatives to address preventable risk factors for chronic conditions;
- provide education on health conditions and strategies to implement care plan goals, including both clinical and non-clinical needs;
- reduce barriers to care coordination;
- promote healthy lifestyle interventions;
- encourage routine preventive care, such as immunizations and screenings;
- educate the beneficiary in the management of chronic conditions;
- track test results;
- facilitate adherence to treatment;
- inquire if there are any issues taking medications or getting prescriptions filled;
- assist the beneficiary in making informed decisions;
- facilitate coordination between various services and providers;
- notify the MHP case manager when visits have been scheduled;
- assist with scheduling appointments, including coordinating transportation;
- coordinate and track referrals to community and social supports; and
- advocate for any of the beneficiary's needs.

V. Targeted Case Management (TCM) Provider Qualifications

The TCM provider must be enrolled as a Michigan Medicaid provider and have the ability to demonstrate the following criteria:

- the capacity to provide all core elements of case management services, including:
  - comprehensive beneficiary assessment;

  - comprehensive care plan development;
  - linking/coordination of services;
  - monitoring and follow-up of services; and
  - reassessment of the beneficiary's status and needs;
- case management experience in coordinating and linking such community resources as required by the target population;
- experience with the target population;
- the sufficient number of staff to meet the case management service needs of the target population;
- an administrative capacity to ensure quality of services in accordance with state and federal requirements;
- a financial management capacity and system that provides a record of services and costs;
- the capacity to document and maintain beneficiary case records in accordance with state and federal requirements; and
- has the willingness and capabilities to coordinate with the beneficiary's PCP and MHP as applicable.

Providers that may enroll through CHAMPS as a TCM provider for recently incarcerated beneficiaries may be a:

- Community Mental Health Services Program (CMHSP);
- Federally Qualified Health Center (FQHC);
- Rural Health Clinic (RHC);
- Tribal Health Center (THC); or
- Tribal Federally Qualified Health Center (Tribal FQHC).

In addition, CCBHCs can provide similar TCM services for beneficiaries as well. However, CCBHCs will not enroll through CHAMPS as a TCM provider for recently incarcerated beneficiaries. CCBHCs are certified by MDHHS to provide a robust set of coordinated, integrated, and comprehensive services (including TCM) to all persons with any mental or SUD diagnosis. A CMHSP may be enrolled as both a CCBHC and as a TCM provider; however, any similar case management services cannot be furnished by more than one organization or program for a single beneficiary.

The TCM provider must have the capability to coordinate with the beneficiary's health plan and the individual facilitating the re-entry from the prison or county jail. The TCM provider must employ a qualified case manager who is licensed to practice in accordance with Michigan law. Documentation of the provider's qualifications and credentials must be maintained by the TCM provider. The documentation indicates that the provider is qualified to furnish TCM services based on education and experience. The TCM provider must have a health information technology (HIT) record system, policies, procedures, and practices to create, document, execute, and update plans of care for the beneficiary.

Michigan Medicaid enrolled providers will be required to sign an attestation document indicating they are able to meet the requirements of the TCM provider qualifications to be officially recognized as a TCM provider. Providers must sign the attestation agreeing to adhere to this policy and all applicable laws and return the attestation form to MDHHS. A provider may become designated as a TCM provider only after MDHHS receives, and approves, the signed attestation which may be returned through the "Upload Documents" section of the CHAMPS Provider Enrollment subsystem. A website will be established where the attestation form will be made available. (Refer to the Provider Enrollment Section of the General Information for Providers chapter of the MDHHS Medicaid Provider Manual for additional enrollment information.)

A. Qualified Case Managers

Qualified case managers may provide all components of TCM within their scope of practice. A qualified case manager must meet one of the following criteria:

- licensure as a Registered Nurse by the Michigan Department of Licensing and Regulatory Affairs (LARA) and at least one year of experience providing community health or case management services; or
- licensure as a fully licensed Clinical Social Worker by LARA and at least one year of experience providing social work or case management services.

In collaboration with the treating physician or NPP, the qualified case manager provides an assessment of needs; develops and maintains a care plan; manages care transitions; provides education and support to the beneficiary; identifies community mental health, SUD, and physical health resources; and facilitates access to care, supports, and services. TCM services are provided by a multi-disciplinary team of licensed medical and behavioral health professionals operating within their state law defined scope of practice. Licensed providers assume professional responsibility for the services provided by any unlicensed practitioner (e.g., CHW, PSS, PRC, etc.) provided under their supervision and delegation, consistent with applicable state law.

B. Physician or Non-Physician Practitioner (NPP)

A Medicaid-enrolled physician or NPP licensed by LARA must provide general supervision of the qualified case manager. An NPP is a healthcare professional licensed as a nurse practitioner, physician assistant, or a clinical nurse specialist.

C. Community Health Workers (CHWs)

The TCM provider may include the services of a CHW. CHWs are professionals who are defined by the American Public Health Association (APHA) as frontline public health workers who understand the community they serve. The CHW serves as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also work to increase a beneficiary's health knowledge and self-sufficiency

through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

CHWs may serve as a liaison between the penal system, the healthcare system, and the community, and they work to facilitate access to services and improve the quality and cultural competence of service delivery. The CHW may also coach beneficiaries in managing health conditions, assist with scheduling appointments, facilitate coordination between various providers, and assist beneficiaries with completion of applications for programs for which they may be eligible. A CHW must work in collaboration with the beneficiary's qualified case manager and must:

- be at least 18 years of age;
- possess a high school diploma or equivalent;
- be supervised by licensed professional members of the care team; and
- complete a CHW Certificate Program or equivalent.

D. Peer Support Specialists (PSS)

The TCM provider may include the services of a PSS. A PSS is an individual who has a serious mental illness (SMI) and has been a recipient of mental health treatment that includes a significant life disruption from their mental health condition. They have a unique background and skill level from their experience in utilizing complex services and supports to achieve their personal goals of community membership, independence, and productivity.

A PSS provides a beneficiary support, mentorship, and an opportunity to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity. PSSs have a special ability to gain trust and respect of other individuals based on shared lived experience and perspectives with disabilities. They provide direct services to support others with planning and navigating health, accessing community-based resources, and supporting a person-centered recovery journey to achieve community inclusion and participation, independence, recovery, and resiliency. PSSs can provide services such as facilitating peer support groups, assisting in transitioning beneficiaries to less intensive services, and by mentoring towards recovery. A PSS must work in collaboration with the beneficiary's qualified case manager and must:

- be at least 18 years of age;
- possess a high school diploma or equivalent;
- be supervised by licensed professional members of the care team;
- have a SMI as defined by the National Institute for Mental Health;
- have been a recipient of mental health treatment for at least two years, with a significant life disruption from their mental health condition;
- have proven personal experience in navigating complex mental health treatment services;
- self-identify as having a SMI;

- share their recovery story as a tool in helping others;
- meet the MDHHS application approval process for specialized training and certification requirements;
- be able to demonstrate their experience in relationship to the types of guidance, support, and mentoring activities provided;
- be freely chosen by beneficiaries utilizing peer support services; and
- adhere to the MDHHS Peer Support Specialist Code of Ethics.

Refer to the "peer recovery services and supports" website for additional information regarding the "MDHHS Michigan Certified Peer Support Specialist Program Application and Approval" process: www.michigan.gov/MDHHS >> Keeping Michigan Healthy >> Behavioral Health & Developmental Disability >> BH Recovery & Substance Use >> Peer Recovery Information.

E. Peer Recovery Coach (PRC)

The TCM provider may include the services of a PRC. A PRC is an individual who is in a journey of recovery from addictions and/or co-occurring disorders who identifies with a beneficiary based on a share background and life experience. The PRC operates as a personal guide and mentor for beneficiaries recovering from a SUD. The PRC supports a beneficiary's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports while modeling the many pathways to recovery. A PRC must work in collaboration with the beneficiary's qualified case manager and must:

- be at least 18 years of age;
- possess a high school diploma or equivalent;
- be supervised by licensed professional members of the care team;
- have a SUD and/or addiction(s) and have received, or is currently receiving, treatment;
- have two continuous years in recovery from addiction(s), with experience in navigating complex addiction treatment services;
- share their recovery story as a tool in helping others; and
- meet the MDHHS application approval process for specialized training and certification requirements.

VI. Transfer of Care/Records

During the course of care, the beneficiary may require services from a different TCM provider due to relocation of the beneficiary's primary residence or due to a request of the beneficiary to change TCM providers. The referring TCM provider must consult with the new TCM provider about the case and transfer all applicable information and records, including all completed assessment visits and the updated care plan, to the new TCM provider in compliance with the privacy and security requirements of federal and state laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and the Michigan Mental Health Code.

VII. TCM Closure

TCM services are considered complete when any of the following occurs:

- the beneficiary's eligibility of 12 months has expired;
- the beneficiary has received the allowable number of TCM services over a 12-month time period;
- the beneficiary communicates the desire to terminate/refuses TCM services to the TCM provider; or
- the beneficiary becomes non-adherent or non-compliant with the care plan or TCM provider.

When services are refused, TCM services may be resumed at any point during the defined period of eligibility. Upon completion of TCM services, a completed care plan, including discharge summary (including the services provided, outcomes, current status, and ongoing needs of the beneficiary) must be shared with the PCP, PIHP, MHP case manager, and beneficiary in alignment with confidentiality laws and regulations when the TCM case is closed.

VIII. Covered Supports and Services

A maximum of 23 visits per year will be reimbursed for each eligible beneficiary as follows:

- one in-person visit for the initial comprehensive assessment;
- a maximum of 11 face-to-face and/or non-face-to-face monitoring visits; and
- a maximum of 11 face-to-face and/or non-face-to-face follow-up (patient education and supports) visits.

If the beneficiary returns to incarceration and is then once again released, their period eligibility will start over, but the remainder of their monitoring and follow-up visits will not be renewed. For additional visits, MDHHS requires the provider to obtain prior authorization before the service is rendered. (Refer to the Directory Appendix of the MDHHS Medicaid Provider Manual for contact information regarding prior authorizations.)

Reimbursement for assessment, monitoring, and follow-up visits is inclusive of all related care coordination and monitoring activities. MDHHS does not reimburse for missed appointments/visits. A beneficiary may not be billed for a missed appointment/visit. Medicaid reimbursement for TCM services may not duplicate payments made to public agencies or private entities under other program authorities for the same purpose. To avoid duplication of services, TCM services should not be provided to beneficiaries receiving the following Medicaid program services:

- MI Care Team Health Home benefit;
- Behavioral Health Home benefit;
- Opioid Health Home benefit;

- Collaborative Care Management services; or
- Other case management benefit programs that provide similar services.

The TCM provider must have an established process to coordinate services for beneficiaries who may be covered under another program which offers components of case management or coordination similar to TCM. TCM does not include activities that constitute the direct delivery of underlying medical, educational, social, and/or other services to which an eligible beneficiary has been referred.

TCM coordination includes contacts with non-eligible beneficiaries when the contact is:

- directly related to identifying the eligible beneficiary's needs and care for the purpose of assisting the beneficiary in accessing services;
- identifying needs and supports to assist the beneficiary in obtaining services;
- providing case managers with useful feedback; and
- alerting case managers to changes in the beneficiary's needs.

IX. Claims Submission and Payment

Providers may verify beneficiary eligibility for TCM services through a CHAMPS online eligibility inquiry or via a HIPAA 270 transaction. The CHAMPS or 271 eligibility response for beneficiaries eligible for TCM services will show a current benefit plan of "TCM-INC" in addition to their assigned Medicaid-related benefit plans. All claims submitted and accepted are processed through CHAMPS. TCM services are carved out of the MHP's capitation and are billed and reimbursed as a fee-for-service benefit.

CMHSPs furnishing TCM services must submit claims on the professional format.

FQHC, RHC, THC, and Tribal FQHCs must submit claims on the institutional format. FQHC, RHC, THC, and Tribal FQHCs furnishing TCM services will be reimbursed outside of the Prospective Payment System (PPS) or All-Inclusive Rate (AIR) methodology at the Medicaid fee screen reimbursement rates for TCM services for recently incarcerated beneficiaries. All providers reported on claims for services must be Medicaid-enrolled. (Refer to the Billing & Reimbursement for Professionals chapter and the Billing & Reimbursement for Institutional Providers chapter of the MDHHS Medicaid Provider Manual for additional billing information.)

Providers participating as an MDHHS-Certified CCBHC do not enroll through CHAMPS as a TCM for provider for recently incarcerated beneficiaries. CCBHCs enroll in a separate program and are reimbursed through a PPS methodology in which they receive a daily clinic-specific rate based on the average expected daily cost to deliver core CCBHC services which includes TCM services for recently incarcerated beneficiaries. (Refer to the Certified Community Behavioral Health Clinic Demonstration section of the Behavioral Health and Intellectual and Developmental Disability Supports and Services section within the MDHHS Medicaid Provider Manual for more information.)

Upon release of the beneficiary from a county jail setting, the benefit plan should update to end the Medicaid incarceration restrictions. If this update does not occur, the TCM provider (e.g. qualified case manager) should contact MDHHS Provider Support (providersupport@michigan.gov) to end the Medicaid incarceration benefit plan restrictions. The TCM provider may also coordinate with the corrections personnel to contact the local MDHHS office to ensure the Living Arrangement page within Bridges is correctly updated to end the program enrollment type (PET) code of "INC-Jail". Once the "INC-Jail" PET code ends, the TCM PET code of "TCM-INC" will be automatically added to the individual's benefit plan. Upon release of the beneficiary from a prison setting, the benefit plan should switch and update automatically. The TCM provider should verify that the switch has occurred prior to rendering services.

A. Initial Comprehensive Assessment

The initial comprehensive assessment is to be provided in-person by a qualified case manager. The initial comprehensive assessment visit should require at least 60 minutes. Only one initial comprehensive assessment visit is allowed. Reimbursement includes time for the development of a care plan. Federal law prohibits the use of Medicaid funds to cover services, including in-reach, for inmates of public institutions with the exception of inpatient hospital services.

B. Monitoring Visits

Monitoring visits are to be provided face-to-face and/or non-face-to-face by a qualified case manager. Monitoring visits should require at least 60 minutes. A maximum of 11 face-to face and/or non-face-to-face monitoring visits per year are allowed. Additional monitoring visits needed require prior authorization.

C. Follow-Up Activities/Patient Education and Supports

Follow-up activities, including patient education and support visits, are to be provided face-to-face and/or non-face-to-face by a qualified case manager, a CHW, PSS, or a PRC. The visits may be delivered face-to-face and/or non-face-to-face and are billed using HCPCS code S9445. Follow-up visits should require at least 30 minutes. A maximum of 11 in-person face-to face and/or non-face-to-face follow-up visits per year are allowed. Additional follow-up visits needed require prior authorization. Qualified case managers assume professional responsibility and supervision for follow-up visits that are provided by a CHW, PSS, or PRC.

Covered procedure codes and modifier information will be maintained on the TCM for Recently Incarcerated fee schedule located on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Special Programs.

X. Training Opportunities

MDHHS will provide training opportunities to support providers that will be furnishing TCM services to recently incarcerated beneficiaries. The training will assist TCM providers in complying with the requirements of the TCM policy program, and to practice in accordance with accepted standards, guidelines, and applicable policies published in the MDHHS Medicaid Provider Manual. A webpage will be established detailing future training opportunities.