

MEDICAID
ADMINISTRATIVE
CLAIMING FOR
CHILDREN

**North Carolina Department of Health and Human Services
Division of Medical Assistance**

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

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MEMORANDUM

TO: Suzanne Merrill, Acting Director
Division of Aging and Adult Services

Wayne Black, Director
Division of Social Services

FROM: Robin Gary Cummings, M.D. *RC*
Director, Division of Medical Assistance \

RE: Billable Activities under Medicaid Administrative Claiming

Title XIX of the Social Security Act authorizes federal grants to states for a proportion of expenditures for **medical assistance** under the approved Medicaid state plan, and for expenditures necessary for administration of the state plan. This is called Medicaid Administrative Claiming (MAC) and activities must be "in some way connected with administering services covered under the state plan" (State Medicaid Manual section 4302.2). Medical assistance is defined as payment of part or all of the cost of the following care and services or the care and services themselves, or both (if provided in or after the third month before the month in which the recipient makes application for assistance) for individuals, and, with respect to physicians' or dentists' services, at the option of the State, to individuals.

Time billed to MAC must be directly related to medical assistance to Medicaid covered services under North Carolina's State Medicaid Plan (State Plan). Individuals eligible for State Plan services include:

- Under the age of 21.
- Relatives specified in section 406(b)(1) with whom a child is living if such child is (or would, if needy, be) a dependent child under part A of Title IV.
- 65 years of age or older.
- Blind, with respect to States eligible to participate in the State Plan program established under Title XVI or 18 years of age or older and permanently and totally disabled, with respect to States eligible to participate in the State Plan program established under Title XVI.
- Persons essential (as described in the second sentence of this subsection) to individuals receiving aid or assistance under State plans approved under Title I, X, XIV, or XVI.
- Blind or disabled as defined in section 1614, with respect to States not eligible to participate in the State Plan program established under Title XVI.
- Pregnant women.
- Individuals who are eligible for home and community-based services under needs-based criteria established under paragraph (1)(A) of section 1915(i), or who are eligible for home and community-based services under paragraph (6) of such section, and who will receive home and community-based services pursuant to a State Plan amendment under such subsection.

The Center for Medicare and Medicaid Services (CMS) expect workers implementing MAC to have a general understanding of what is and is not a Medicaid covered service in the State Plan service or program. However, there is latitude in understanding that social workers cannot predict if a Medicaid beneficiary claim will subsequently be filed under Medicaid or if the claim would be denied. Coordinating, monitoring, and referring medical care or helping a client access medical services are connected with properly administering services covered under the state plan, whether the efforts are successful or not. These efforts do not require an activity to determine eligibility for that medical service under the State Plan, just a general understanding of what is and is not covered. There are limits and exclusions to Medicaid covered services; however, CMS would not expect a case manager, for day sheet coding purposes to try to predict if the claim will be successfully filed under Medicaid. Supportive activities that might assist a client in obtaining social services, Food Stamps, energy assistance, or housing (e.g., arranging for home accessibility adaptation, arranging for daycare while the client is in an appointment, encouraging social activities) are not directly related to Medicaid covered services and thus cannot be billed to MAC.

A worker claiming MAC must not assume that every medical service provided to Medicaid beneficiaries is covered by Medicaid. Workers must use their knowledge of the State Plan, as well as their own judgment in claiming MAC for activities that have a reasonable expectation of being covered by Medicaid. Social workers should have a working knowledge about common services that are and are not provided under the State Plan. The following table is an abbreviated list of Medicaid covered services under the State Plan. This list is meant as a guide for workers and does not include every covered service.

Table 1-Abbreviated List of Medicaid Covered Services

| Medicaid Covered Services under North Carolina State Medicaid Plan* | |
|---|--|
| Medical appointments | Psychiatric hospital services (for beneficiaries 65 and older, and beneficiaries under 21) |
| Medical transportation | Mammogram |
| Medications in the client's health plan | OB/GYN Services |
| Behavioral health services | Routine eye exam, medically-necessary glasses or contacts for beneficiaries under 21 |
| Dialysis | Flu vaccine |
| Family Planning | Nursing facilities |
| Physical Therapy | |
| Lab work ordered by a physician | |
| *This is not an exhaustive list of all covered activities. Refer to http://www.ncdhhs.gov/dma/plan/index.htm | |

The list below contains examples of services not Medicaid covered under the State Plan. This list is meant as a guide for workers and is not all-inclusive.

Table 2-Abbreviated List of non-covered Medicaid Services

| Services Not Covered by Medicaid Under North Carolina State Medicaid Plan * | |
|--|---|
| Cosmetic surgery or dentistry | Transportation to visit family |
| Housing modifications (e.g., wheelchair ramps, air filters, shower safety handle) | Specialty eyeglass wear (e.g., tinted lenses, no-line bifocals) |
| Daycare | Social clubs or activities |
| Groceries | House cleaning/yard maintenance |
| Gym facilities/memberships | House improvements (e.g., A/C installation) |
| Experimental drugs or procedures | Optical services (to those over age 21) |
| Paternity tests | Weight loss pills |
| *This is not an exhaustive list of all activities that are not covered. Refer to http://www.ncdhhs.gov/dma/plan/index.htm | |

MAC DESK GUIDE

Time billed to MAC must be directly related to Medicaid covered services under North Carolina's state plan

SIS CODE 340:

REFERRAL, COORDINATION AND MONITORING OF MEDICAID SERVICES

- Use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid services on behalf of clients.
- Use this code when linking the individual and family with Medicaid service providers to plan, carry out and maintain a health service plan.
 - Examples: Coordinating necessary medical, mental health or substance abuse services for clients covered by Medicaid that benefit from care coordination services;
 - Preparing documentation for a case to be reviewed by interdisciplinary staff planning meetings, case planning meetings, etc.;
 - Gathering information for facilitating prior authorizations;
 - Providing follow-up contact to ensure that an individual has received the prescribed Medicaid services.

SIS CODE 343:

ARRANGING TRANSPORTATION SERVICES FOR CLIENT TO ACCESS MEDICAID SERVICES

- Use this code when arranging for or scheduling specific support provisions, such as transportation services, which are necessary for an individual or family to access Medicaid services.
 - Example: Scheduling or arranging transportation services that assist the individual or family to access necessary care or treatment by health/mental health care providers.
- This category does not include the provision of the actual transportation service as a direct service.
- It does not include activities that contribute to the actual billing of transportation as a medical or dental service.
- It does not include accompanying an individual to Medicaid services as an administrative activity.

SIS CODE 342:

OUTREACH FOR MEDICAID SERVICES (Regardless of Client Eligibility Status)

- Use this code when performing activities that inform individuals about Medicaid, how to access Medicaid services, the importance of accessing medical, mental health, aging, functional/developmental disability, and alcohol and drug services and the importance of maintaining a routine place for health care.
- Activities include bringing persons into the Medicaid system for the purpose of determining eligibility and arranging for the provision of Medicaid services.
 - Examples: Developing, disseminating or presenting Medicaid outreach materials to inform individuals about Medicaid services and where to obtain services;
 - Informing individuals and their families on how to effectively access, use, and maintain participation in all health/mental health resources under the federal Medicaid Program.

SIS CODE 341:

FACILITATING AN APPLICATION FOR THE MEDICAID PROGRAM (Regardless of Client Eligibility Status)

- Use this code when assisting an individual or family to make application for Medicaid or referring them to the appropriate agency to make application, as well as assisting an individual to maintain Medicaid eligibility.
 - Examples: Verifying an individual's current Medicaid eligibility status for the purpose of the Medicaid eligibility process;
 - Assisting individuals or families to gather information/documents for Medicaid program application.

Note: All codes include related paperwork, clerical activities or staff travel required to perform these activities.

MAC Code 340 When Providing Transportation

(see reverse side for arranging transportation using MAC code 343)

Mr. Brown is an individual who needs access to Medicaid services under the North Carolina State Plan. He has diabetes and needs to see his Medicaid doctor.

As a case manager, you need to assist Mr. Brown with accessing Medicaid services and on this particular day, he requires assistance getting to his doctor's appointment.

Mr. Brown lives about 20 miles from the DSS office.

You leave your office and drive **30 minutes** to Mr. Brown's house. That is billable to MAC code 340 which includes staff travel. [From the MAC Desk Guide: All codes include related paperwork, clerical activities or staff travel required to perform these activities]

When you get to Mr. Brown's home, you spend another **30 minutes** discussing his medical issues. That is billable to MAC code 340 which includes "*Referral, Coordination and Monitoring of Medicaid Services*"

Then you leave to drive to the doctor's office. That is a **60 minute** drive. As a case manager, the reason that you are taking Mr. Brown to his medical appointment is to execute your case management duties and ensure coordination of Mr. Brown's appointment. It also doesn't matter what is being discussed in the car. As a case manager, if your client needs to get to a medical appointment then all your time including transporting them there would be MAC code 340

You get to the doctor's office and you wait in the waiting room for **30 minutes**. You will need to use your judgment in this case. If you are completing work while waiting (emails, phone calls, etc.) then you should code your time as appropriate based on what you are doing.

If you are just waiting in the room for Mr. Brown, the waiting is necessary to complete the case management activity of coordinating Mr. Brown's medical service and therefore would be billable to MAC code 340

The doctor calls you in and you spend **15 minutes** discussing the doctor's plan of care for Mr. Brown. Those 15 minutes is billable to MAC code 340 "*Referral, Coordination and Monitoring of Medicaid Services*"

Then you drive Mr. Brown back home. That is **60 minutes** for the trip back to Mr. Brown's house. Again the county you are taking Mr. Brown to his medical appointment is to execute your case management duties and ensure coordination of Mr. Brown's appointment. All your time including transporting them there would be MAC code 340

You get Mr. Brown back to his house and then return back to your office. It takes **30 minutes** for the return trip.

In total you have **255 minutes** (4 hours, 15 minutes) with Mr. Brown that is billable to MAC code 340.

Make sure that those entries appear on your day sheet and that you have the supporting narrative in your case management notes or in the comment section of your day sheet.

MAC Code 343 When Arranging Transportation

Mr. Brown is an individual who needs access to Medicaid services under the North Carolina state plan. He has diabetes and needs to see his Medicaid doctor.

Mr. Brown needs transportation to get to his doctor's appointment

You spend **15 minutes** calling the county's cab system to see if you can arrange a pickup. Although unsuccessful, you can bill that effort to MAC 343 "*Arranging Transportation Services for Client to Access Medicaid Services*"

You spend another **15 minutes** contacting the county's van system to arrange a pickup. Although the van does go past Mr. Brown's house, they cannot be there in time to make his doctor's appointment. This time is billable to MAC 343.

You then spend **15 minutes** calling the bus system to see if the connector buses can be utilized to pick up Mr. Brown a short distance from his house. You do see that one is available at the right time, but it requires a bus pass which Mr. Brown does not have. This time is billable to MAC 343.

You drive in your car **15 minutes** to the bus station and pick up the bus pass. This time is billable to MAC 343.

You drive **15 minutes** back to your office. This time is billable to MAC 343.

In total, you have spent **75 minutes** on MAC code 343 "*Arranging Transportation Services for Client to Access Medicaid Services*"

Make sure that those entries appear on your day sheet and that you have the supporting narrative in your case management notes or in the comment section of your day sheet.

Report received on Steve, 12.

Steve:

- Came to school with some bruises on his arms and says he fell in his backyard
- High absences and falls asleep in class
- When awake, he is periodically disrupting or seems depressed
- From experiences with his mother she says he gets plenty of sleep and she sends him to school everyday
- He is hanging out with some older boys around the neighborhood
- Accepted as a family assessment

Initial interview with Steve and mother at home after school hours:

- Likes hanging out with friends who are older
- He does not like school for the most part
- He got into a fight with his mother because he came home late and did not want to tell his mother where he is
- His mother is concerned about him hanging out with the older boys, some of whom have dropped out of high school
- She is worried about drug use. She found some pills in his room
- Steve gets upset about his mother going in the room and says she's crazy and runs around with a bunch of men since his father left 2 years ago. She denies.
- The conversation spirals out of control, and after further discussion, arrangements are made for Steve to stay with his grandfather

After checks on the grandfather, who Steve seems to respect, he goes there for no more than a month or until things get worked out with Mom.

The grandfather says Steve needs to get into counseling and Steve agrees. He and his mother are both Medicaid beneficiaries. This is included into the Safety assessment and plan signed by everyone.

Contacts are made with the LME/MCO for an evaluation of Steve. You take Steve and his grandfather to the appointment and meet the mother there. After the appointment, you meet with the family and the therapist and arrange for a schedule of follow up appointments, but more documentation is needed, which you agree to provide.

Opportunities for MAC:

- Planning with Mom and grandfather for the counseling and evaluation
- Contacting the LME/MCO
- Verifying Medicaid status
- Transporting them to the appointment and meeting with them

Where MAC does not apply:

- Safety planning
- Initial interviews

In Home

The case is found in need of services.

A case plan is immediately developed with the family, focusing mainly on Steve's mental health issues.

The grandfather agrees to another 30 days for Steve to stay with him, but his health is not great and he needs to get back to his schedule. The school meetings are difficult for him to attend

Steve goes for individual appointments with his therapist, and Mom joins him for the 2nd hour.

The therapist expresses concerns about the mother and the impact on Steve's well being due to what appears to be bipolar disorder

You

**NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS**

Case Name: _____ Case #: _____ Date _____
 County Name: _____ Date Report Received: _____
 Social Worker Name: _____ Enter Initial or Reassessment #: 1 2 3 4 5: _____
 Children: _____
 Caretaker(s): _____

Some items apply to all household members while other items apply to caretakers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caretakers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caretakers only, record the score for the caretaker with the greatest need (highest score) when a household has more than one caretaker.

| S-CODE | TITLE | TRAITS | SCORE |
|------------|--|---|-------|
| S1. | Emotional/Mental Health | a. Demonstrates good coping skills. | -3 |
| | | b. No known diagnosed mental health problems..... | 0 |
| | | c. Minor or moderate diagnosed mental health problems | .3 |
| | | d. Chronic or severe diagnosed mental health problems | 5 |
| S2. | Parenting Skills | a. Good parenting skills..... | -3 |
| | | b. Minor difficulties in parenting skills | 0 |
| | | c. Moderate difficulties in parenting skills | .3 |
| | | d. Destructive parenting patterns | 5 |
| S3. | Substance Use | a. No/some substance use | 0 |
| | | b. Moderate substance use problems | .3 |
| | | c. Serious substance use problems | 5 |
| S4. | Housing/Environment/ Basic Physical Needs | a. Adequate basic needs | -3 |
| | | b. Some problems, but correctable | 0 |
| | | c. Serious problems, not corrected | .3 |
| | | d. Chronic basic needs deficiency | 5 |
| S5. | Family Relationships | a. Supportive relationships | -2 |
| | | b. Occasional problematic relationship (s)..... | 0 |
| | | c. Domestic discord..... | .2 |
| | | d. Serious domestic discord/domestic violence..... | .4 |
| S6. | Child Characteristics | a. Age-appropriate, no problem..... | -1 |
| | | b. Minor problems..... | 0 |
| | | c. One child has severe/chronic problems | 1 |
| | | d. Child(ren) have severe/chronic problem(s)..... | .3 |
| S7. | Social Support Systems | a. Strong support network | -1 |
| | | b. Adequate support network | 0 |
| | | c. Limited support network | .1 |
| | | d. No support or destructive relationships..... | .3 |

| | |
|--|--|
| S8. Caretaker(s) Abuse/ Neglect History | a. No evidence of problem0 b. Caretaker(s) abused/neglected as a child 1 c. Caretaker(s) in foster care as a child2 d. Caretaker(s) perpetrator of abuse/neglect in the last five years.....3 |
| S9. Communication/ Interpersonal Skills | a. Strong skills -1 b. Appropriate skills 0 c. Limited or ineffective skills 1 d. Hostile/destructive 2 |
| S10. Caretaker(s) Life Skills | a. Good life skills.....-1 b. Adequate life skills0 c. Poor life skills1 d. Severely deficient life skills2 |
| S11. Physical Health | a. No adverse health problem 0 b. Health problem or disability 1 c. Serious health problem or disability 2 |
| S12. Employment/Income Management | a. Employed-1 b. No need for employment 0 c. Underemployed1 d. Unemployed2 |
| S13. Community Resource Utilization | a. Seeks out and utilizes resources-1 b. Utilizes resources 0 c. Resource utilization problems 1 d. Refusal to utilize resources 2 |

Based on this assessment, identify the primary strengths and needs of the family. Write S code, score, and title.

| <u>STRENGTHS</u> | | | <u>NEEDS</u> | | |
|------------------|--------------|--------------|---------------|--------------|--------------|
| <u>S Code</u> | <u>Score</u> | <u>Title</u> | <u>S Code</u> | <u>Score</u> | <u>Title</u> |
| 1. _____ | _____ | _____ | 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ | 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ | 3. _____ | _____ | _____ |

Children/Family Well-Being Needs:

1. Educational Needs: _____
2. Physical Health Needs: _____
3. Mental Health Needs: _____

Social Worker: _____ Date: _____

Supervisor's Review/Approval: _____ Date: _____

NORTH CAROLINA

FAMILY ASSESSMENT OF STRENGTHS AND NEEDS DEFINITIONS

Some items apply to all household members while other items apply to caretakers only. Persons who spend most of their time in the home, (e.g., mother's boyfriend who may have a different address, but stays in the home most evenings) are considered household members. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score). In cases where two households are involved, a separate Family Strengths and Needs Assessment shall be completed on both households.

S1. Emotional/Mental Health

- a. Demonstrates good coping skills.
Caretaker(s) takes initiative to deal with problems in a constructive manner.
- b. No known diagnosed mental health problems.
Caretaker(s) has no known diagnosed emotional or mental health problems. May require a mental health evaluation.
- c. Minor or moderate diagnosed mental health problems.
Caretaker(s) has moderate diagnosed emotional or mental health disorders (such as depression, anxiety, and anger/impulse control) that interfere with ability to problem solve, deal with stress, and effectively care for self and/or child(ren).
- d. Chronic or severe diagnosed mental health problems.
Caretaker(s) has severe and/or chronic diagnosed emotional or mental health disorders making caretaker(s) incapable of problem solving, dealing with stress, or effectively caring for self and/or child(ren).

S2. Parenting Skills

- a. Good parenting skills.
Caretaker(s) displays parenting patterns which are age appropriate for child(ren) in the areas of expectations, discipline, communication, protection, and nurturing.
- b. Minor difficulties in parenting skills.
Caretaker(s) has basic knowledge and skills to parent but may possess some unrealistic expectations and/or may occasionally utilize inappropriate discipline.
- c. Moderate difficulties in parenting skills.
Caretaker(s) acts in an abusive and/or neglectful manner, such as causing minor injuries (no medical attention required), leaving child(ren) with inadequate supervision, and/or exhibiting verbal/emotional abusive behavior.
- d. Destructive parenting patterns.
Caretaker(s) has a history and/or currently acts in a manner that results in high risk of serious injury or death of a child, or results in chronic or serious injury (medical attention required), abandonment or death of a child. Caretaker(s) exhibits chronic and severe verbal/emotional abuse.

S3. Substance Use

- a. No/some substance use.
Household members display no substance use problems or some substance use problems that minimally impact family functioning.
- b. Moderate substance use problems.
Household members have moderate substance use problems resulting in such things as disruptive behavior and/or family dysfunction which result in a need for treatment.
- c. Serious substance use problems.
Household members have chronic substance use problems resulting in a chaotic and dysfunctional household/lifestyle, loss of job, and/or criminal behavior.

S4. Housing/Environment/Basic Physical Needs

- a. Adequate basic needs.
Family has adequate housing, clothing, and food.
- b. Some Problems, but correctable.
Family has correctable housing, clothing and food problems that affect health and safety needs and family is willing to correct.

- c. Serious problems, not corrected.
Numerous and/or serious housing, clothing and food problems that have not been corrected or are not easily correctable and family is not willing to correct.
- d. Chronic basic needs deficiency.
House has been condemned or is uninhabitable, or family is chronically homeless and without clothing and/or food.

S5. Family Relationships

- a. Supportive relationship.
A supportive relationship exists between household members.
- b. Occasional problematic relationship(s). Relationship(s) is occasionally strained but not disruptive.
- c. Domestic discord.
Current relationship or domestic discord, including, frequent arguments, degradation, or blaming. Open disagreement on how to handle child problems/discipline. Frequent and/or multiple transient household members. Violent acts that cause minor or no injury to any household member and are not assessed as "domestic violence".
- d. Serious domestic discord/domestic violence.
A pattern of relationship discord or domestic violence. Physical, emotional, or sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the non-offending parent/adult victim. Repeated history of leaving and returning to abusive partner(s). Repeated history of violating court orders by the perpetrator of domestic violence. Repeated history of violating safety plans. Involvement of law enforcement and/or restraining orders. Serious or repeated injuries to any household member.

S6. Child Characteristics

For children under the age of three, any identification of need on this item requires that a referral to Early Intervention be made using the DSS-5229. For assistance in determining whether or not a developmental need is present you may access the North Carolina Infant Toddler Program eligibility conditions of: "Established Conditions" or "Developmental Delay" (definitions can be found at: <http://www.ncei.org>). Additional information on developmental milestones can be found at: <http://www.pedstest.com/>). This site shows a developmental screening that may be used by families or any staff working with the child. At any time that a Social Worker or a parent expresses some concern about how a child is developing, contact your local CDSA for consultation or to make a referral. If a DSS agency needs technical assistance on eligibility for the early intervention program or how to make a referral, please contact the early intervention program state office at 919-707-5520 or your local CDSA (<http://www.ncei.org>).

- a. Age-appropriate, no problems.
Child(ren) appears to be age appropriate, no problems.
- b. Minor problems.
Child(ren) has minor physical, emotional, medical, educational, or intellectual difficulties addressed with minimal or routine intervention.
- c. One child has severe/chronic problems.
One child has severe physical, emotional, medical, educational, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances and/or relations.
- d. Children have severe/chronic problem.
More than one child has severe physical, emotional, medical, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances relationships.

S7. Social Support Systems

- a. Strong support network.
Household members have a strong, constructive support network. Active extended family (may be blood relations, kin, or close friends) provide material resources, child care, supervision, role modeling for parent and child(ren), and/or parenting and emotional support.
- b. Adequate support network.
Household members use extended family, friends, and the community to provide adequate support for guidance, access to child care, available transportation, etc.
- c. Limited support network.

Household members have a limited or negative support network, are isolated, and/or reluctant to use available support.

d. No support or destructive relationships.

Household members have no support network and/or have destructive relationships with extended family and the community.

S8. Caretaker(s) Abuse/Neglect History

a. No evidence of problem.

No caretaker(s) experienced physical or sexual abuse or neglect as a child.

b. Caretaker(s) abused or neglected as a child.

Caretaker(s) experienced physical or sexual abuse, or neglect as a child.

c. Caretaker(s) in foster care as a child.

Caretaker(s) abused and/or neglected as a child and was in foster care or other out-of-home placement due to abuse/neglect.

d. Caretaker(s) perpetrator of abuse and/or neglect.

Caretaker(s) is a substantiated perpetrator of physical and/or sexual abuse, or neglect.

S9. Communication/Interpersonal Skills

a. Strong skills. Communication facilitates family functions, personal boundaries are appropriate, emotional attachments are appropriate.

b. Appropriate skills.

Household members are usually able to communicate individual needs and needs of others and to maintain both social and familial relationships; minor disagreements or lack of communication occasionally interfere with family interactions.

c. Limited or ineffective skills.

Household members have limited or ineffective interpersonal skills which impair the ability to maintain positive familial relationships, make friends, keep a job, communicate individual needs or needs of family members to schools or agencies.

d. Hostile/destructive.

Household members isolate self/others from outside influences or contact, and/or act in a hostile/destructive manner, and/or do not communicate with each other. Negative communication severely interferes with family interactions.

S10. Caretaker(s) Life Skills

a. Good life skills.

Caretaker(s) manages the following well: budgeting, cleanliness, food preparation and age appropriate nutrition, housing stability, recognition of medical needs, recognition of educational needs, and problem solving.

b. Adequate life skills.

Minor problems in some life skills do not significantly interfere with family functioning; caretaker(s) seeks appropriate assistance as needed.

c. Poor life skills.

Caretaker(s) has poor life skills which create problems and interfere with family functioning; caretaker(s) does not appropriately utilize available assistance.

d. Severely deficient life skills.

Deficiencies in life skills severely limit or prohibit ability to function independently and to care for child(ren); caretaker(s) is unable to or refuses to utilize available assistance.

S11. Caretaker's Physical Health

a. No adverse health problem.

Caretaker(s) does not have health problems that interfere with the ability to care for self or child(ren).

b. Health problem or disability.

Caretaker(s) has a disability, disease or chronic illness that interferes with daily living and/or ability to care for self or child(ren).

c. Serious health problem or disability.

Caretaker(s) has a disability, disease or chronic illness that severely limits or prohibits ability to provide; for self or child(ren).

S12. Employment/Income Management

- a. Employed.
Caretaker(s) is employed with sufficient income to meet household needs, regardless of source of income.
- b. No need for employment.
Caretaker(s) may be out of labor force but has sufficient income to meet household needs, regardless of source of income.
- c. Underemployed.
Caretaker(s) is employed with insufficient income to meet household needs.
- d. Unemployed.
Caretaker(s) needs employment and lacks income required to meet household needs.

S13. Community Resource Utilization

- a. Seeks out and utilizes resources.
Household members take initiative to access community resources that are available, or seek out those not immediately available in the community, or have no need for community resources.
- b. Utilizes resources.
Household members access resources and services available in the community.
- c. Resource utilization problems.
Household members do not know about and/or do not access community resources.
- d. Refusal to utilize resources.
Household members refuse to accept available community services when offered.

Children/Family Well-Being

In cases that are substantiated and opened for more than thirty days from the date of substantiation, there shall be documentation in the case record that includes the following items as they are applicable:

Child/Family Education Needs:

- a. Special education classes, when applicable;
- b. Normal grade placement, if child is school age;
- c. Services to meet the identified educational needs, unless no unusual educational needs are identified;
- d. Early intervention services, unless these services are not needed;
- e. Advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and
- f. How the educational needs of the child/family have been included in the case planning, unless the child is not school age or has no identified education needs.

Child/Family Physical Health Needs:

- a. Whether the child/family has received preventive health care and if not, the efforts the agency will take to ensure that this care is obtained;
- b. Whether the child/family has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained;
- c. Whether the child/family has up-to-date immunizations and if not, what efforts the agency will take to obtain them;
- d. Whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment;
- e. Whether the child/family is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment.

Child/Family Mental Health Needs

Whether the child/family is receiving appropriate treatment for any identified mental health needs and if not, what efforts the agency will take to obtain such treatment.

This information shall be documented on the Family Strengths and Needs Assessment.

NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS
POLICY AND PROCEDURES

The Family Assessment of Strengths and Needs (FASN) is a tool designed to evaluate the presenting strengths and needs of the family of a child alleged or confirmed to have been a CA/N victim. The FASN assists the worker in determining areas of family strengths and needs that should be addressed within the In-Home and or Out-of-Home Family Services Agreement.

Which cases: All CPS maltreatment reports assigned for an assessment that involve a family caretaker can utilize this tool. Specifically, the FASN shall be completed with all cases where the decision was made to provide CPS In-Home or Out-of-Home Services. This does not apply to reports involving child care facilities, residential facilities such as group homes or DHHS facilities. This does apply to non-licensed living arrangements, the noncustodial parents home or licensed family foster homes.

Who completes: Social Worker assigned to complete the assessment.

When: The FASN is optional to be completed and documented prior to the time the case decision is made. The Structured Documentation Instrument (DSS-5010) requires the documentation of the social activities, economic situation, environmental issues, mental health needs, activities of daily living, physical health needs, and summary of strengths (SEEMAPS) during the completion of a CPS Assessment.

The FASN shall be completed with all cases where the case decision was made to provide CPS In-Home or Out-of-Home Services prior to completing the Family Services Agreement.

In CPS In-Home Services, the FASN shall be completed at the time of the In-Home Family Services Agreement updates and within 30 days prior to case closure. A FASN should be completed with an involved noncustodial parent. Their identified needs should also be addressed within the In-Home Family Services Agreement whether on the same one or on a separate agreement.

In CPS Out-of-Home Services (whether the agency holds legal custody and the child remains in the home or is placed outside of the home), the FASN shall track with the required scheduled Permanency Planning Action Team meetings. The assessment shall also be completed within 30 days prior to any court hearing or review. A parent that has been described as absent or noncustodial should be engaged to become involved with the planning of their child. Complete a FASN with that parent within the same time frames (If reviews are held frequently, documentation on the FASN form may state that there have been no changes since the last update and that the current information is correct.).

The FASN shall be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Action Team meeting falls within that trial home visit period.

Decision: The FASN identifies the strengths and highest priority needs of caretakers and children that must be addressed in the service agreement. Goals, objectives, and interventions in a service agreement should relate to one or more of the priority needs. If the child(ren) has more than one chronic/severe problem, all should be listed under children's well-being needs.

Appropriate Completion Complete all items on the FASN scale for the caretaker(s). As used here, "caretaker" means the person or persons who routinely are responsible for providing care, supervision, and discipline to the children in the household. This may include biological, adoptive or step-parents, other legal guardian, or other adults living in the home who have caretaker responsibilities. If the allegations

involve maltreatment in two households and both have responsibilities for childcare, complete two separate FASN tools.

In situations where an adult relative is entrusted with the care of the child and is the alleged or confirmed perpetrator, the FASN tool is conducted in the home where the child resides.

The identified needs should be addressed within the In-Home and or Out-of-Home Family Services Agreement.

Scoring Individual Items:

Select one score only under each item which reflects the highest level of need for any caretaker in the family, and enter in the "Score" column. For example, if the mother has some substance abuse problems and the father has a serious substance abuse problem, item S3 would be scored "5" for serious substance use problems."

The worker will list in order of greatest to least, the strengths and needs identified. These strengths and needs will be utilized in the case planning process.

Children/Family Well-Being Needs

In completing a FASN, several factors identify data related to the family and child's well-being. List those factors identified as specific family and child needs (health, mental health, educational needs). See DEFINITIONS section for examples.

**NORTH CAROLINA
SAFETY ASSESSMENT**

Case Name: _____ Case #: _____ Date: _____
 County Name: _____ Date Report Received: _____
 Social Worker Name: _____
 Children: _____
 Caregivers: _____

SECTION 1: SAFETY ASSESSMENT

Part A. Safety Factor Identification

Directions: The following is a list of factors that may be associated with a child(ren) being in immediate danger of serious harm. **Identify the presence or absence of each by circling either "yes" or "no"**, if factor applies to any child in the household or to a child to be returned to the household. **Note: The vulnerability of each child needs to be considered throughout the assessment.** Younger children and children with diminished mental or physical capacity or repeated victimization should be considered more vulnerable. Complete based on most vulnerable child for each factor.

1. Yes No Caregiver's current behavior is violent or out of control. *(Some examples of this may include the following.)*
 - Extreme physical or verbal, angry or hostile outbursts at child.
 - Use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding).
 - Domestic violence likely to have a negative impact on the child.
 - Use of guns, knives, or other instruments in a violent way.
 - Shakes or chokes baby or young child to stop a particular behavior.
 - Behavior that seems out of touch with reality, fanatical, or bizarre.
 - Behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).

2. Yes No Caregiver describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations. *(Some examples of this may include the following.)*
 - Describes child as evil, stupid, ugly, or in some other demeaning or degrading manner.
 - Curses and/or repeatedly puts child down.
 - Scapegoats a particular child in the family.
 - Expects a child to perform or act in a way that is impossible or improbable for the child's age (e.g., babies and young children expected to be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone).
 - Child is seen by either parent as responsible for the parent's problem.
 - Uses sexualized language to describe child or in name calling (e.g., whore, slut, etc.).

3. Yes No Caregiver caused serious physical harm to the child or has made a plausible threat to cause serious physical harm. *(Some examples of this may include the following.)*
 - Caregiver caused serious non-accidental abuse or injury (e.g., fractures, poisoning, suffocating, shooting, burns, severe bruises, welts, bite marks, choke marks, etc.).
 - An action, inaction, or threat which would result in serious harm (e.g., kill, starve, lock out of home, etc.).
 - Plans to retaliate against child for CPS assessment.
 - Caregiver has used torture or physical force which bears no resemblance to reasonable discipline, or punished child beyond the child's endurance.
 - One or both parents fear they will maltreat child and/or request placement.

4. Yes No The family refuses access to the child, there is reason to believe that the family is about to flee, and/or the child's whereabouts cannot be ascertained. *(Some examples of this may include the following.)*
- Family has previously fled in response to a CPS assessment.
 - Family has removed child from a hospital against medical advice.
 - Family has history of keeping child at home, away from peers, school, or other outsiders for extended periods.
5. Yes No Caregiver has not, or will not, provide supervision necessary to protect child from potentially serious harm. *(Some examples of this may include the following.)*
- Caregiver does not attend to child to such an extent that the need for care goes unnoticed or unmet (e.g., although caregiver is present, child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, has unsupervised access to uncovered pools, etc. or is exposed to other serious hazards).
 - Caregiver leaves child alone (time period varies with age and developmental stage).
 - Caregiver makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for child's care.
 - Parent's whereabouts are unknown.
6. Yes No Caregiver is unwilling, or is unable, to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care. *(Some examples of this may include the following.)*
- No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.
 - Child without minimally warm clothing in cold months.
 - No housing or emergency shelter; child must or is forced to sleep in the street, car, etc.; housing is unsafe, without heat, etc.
 - Caregiver does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
 - Child appears malnourished.
 - Child has exceptional needs which parent cannot/will not meet.
 - Child is suicidal and parent will not take protective action.
 - Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control or serious physical symptoms.
7. Yes No Caregiver has previously maltreated a child and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an immediate concern. *(Some examples of this may include the following.)*
- Previous maltreatment that was serious enough to cause or could have caused severe injury or harm.
 - Caregiver has retaliated or threatened retribution against child for past incidents.
 - Escalating pattern of maltreatment.
 - Caregiver does not acknowledge or take responsibility for prior inflicted harm to the child or explains incident(s) as justified.
 - Both parents cannot/do not explain injuries and/ or conditions.
8. Yes No Child is fearful of caregiver(s), other family members, or other people living in or having access to the home. *(Some examples of this may include the following.)*
- Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.

- Child exhibits severe anxiety (i.e., nightmares, insomnia) related to situation (s) associated with a person (s) in the home.
- Child has reasonable fears of retribution or retaliation from caregiver.

9. Yes No The child's physical living conditions are hazardous and immediately threatening. *(Some examples of this may include the following.)*

- Leaking gas from stove or heating unit.
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.
- Lack of water or utilities (heat, plumbing, and electricity) and no alternate provisions made or alternate provisions are inappropriate (e.g., stove, unsafe space heaters for heat).
- Open/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food which threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.

10. Yes No Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern. *(Some examples of this may include the following.)*

- Access by possible or confirmed perpetrator to child continues to exist.
- It appears that caregiver or other person has committed rape, sodomy, or has had other sexual contact with child.
- Caregiver or others have forced or encouraged child to engage in sexual performances or activities.

11. Yes No Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child. *(An example of this may include the following.)*

Caregiver has misused a drug(s) or alcoholic beverage(s) to such an extent that control of his or her actions is lost or significantly impaired. As a result, the caregiver is unable, or will likely be unable, to care for the child, has harmed the child, or is likely to harm the child.

12. Yes No Other (specify): _____
(Some example of this may include the following.)

Possible examples:

- Child's behavior likely to provoke caregiver to harm the child.
- Unexplained injuries.
- Abuse or neglect related to child death, or unexplained child death.
- Serious allegations with significant discrepancies or contradictions by caregiver or between caregiver, and collateral contacts.
- Caregiver refuses to cooperate or is evasive.
- Criminal behavior occurring in the presence of the child, or the child is forced to commit a crime(s) or engage in criminal behavior.
- Caretaker(s) inappropriately disciplined child.
- Any mark, other than temporary redness of skin, lasting more than 24 hours as a result of discipline.

IF SAFETY FACTORS 1-12 ARE CIRCLED "NO", GO TO SECTION 3: SAFETY DECISION.
When Safety Factors 1-12 are circled "NO", a safety response is not needed.

THE ALLEGATIONS ALONE DO NOT CONSTITUTE THE NEED FOR A SAFETY RESPONSE

Part B. Safety Factor Description

Directions: For all safety factors which are marked "yes," note the applicable safety factor number and then briefly describe the specific individuals, behaviors, conditions, and/or circumstances associated with that particular safety factor.

SECTION 2: SAFETY RESPONSE

Directions: For each factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe. Check each response taken to protect the child and explain below.

- 1. Use family resources, neighbors, or other individuals in the community as safety resources.
- 2. Use community agencies or services as safety resources.
- 3. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- 4. Have the non-maltreating caregiver move to a safe environment with the child.
- 5. Other: _____
- 6. The caregiver(s) places the child outside the home (in a safe arrangement). Note: include explanation below regarding why responses 1-5 could not be used to keep the child(ren) safe, in the home.
- 7. Legal action may be taken to place the child(ren) outside the home. Note: include explanation below regarding why responses 1-5 could not be used to keep the child(ren) safe, in the home.

Describe *all* safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child. *This plan is in effect until safety issues have been resolved or a service agreement has been jointly developed.*

SECTION 3: SAFETY DECISION

Directions: Identify your safety decision by checking the appropriate line below. Check one line only. This decision should be based on the assessment of all safety factors and any other information known about this case. If "B" or "C" is checked, Section 2 must be completed. "A" is to be checked only if no safety factors were indicated in Section I, Part A.

- A. **Safe:** _____ There are no children likely to be in immediate danger of serious harm.
- B. **Conditionally Safe:** _____ Controlling safety interventions have been implemented since the report was received, and those interventions will adequately provide for the child's safety for the immediate future.
- C. **Unsafe:** _____ **Child(ren) is likely to be in danger of immediate harm.** Remove child(ren) from the home.

SECTION 4: SIGNATURES

Parent/Caregiver Date

Safety Resource Date

Parent/Caregiver Date

Safety Resource's Relationship to Child

Parent/Caregiver Date

Safety Resource Date

Parent/Caregiver Date

Safety Resource's Relationship to Child

Social Worker Date

Supervisor Date

**NORTH CAROLINA
SAFETY ASSESSMENT
POLICY AND PROCEDURES**

The purpose of the safety assessment is to help assess whether a child(ren) is likely to be in immediate danger of serious physical harm which may require a protective intervention and to determine what interventions should be maintained or initiated to provide appropriate protection.

It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that safety assesses the child's present danger and determines the interventions immediately needed to protect the child. In contrast, the family risk assessment looks at the likelihood of future maltreatment.

Which cases: All CPS maltreatment reports assigned for an assessment that involve a family caregiver. **This does not apply** to reports involving childcare facilities or residential facilities such as group homes or DHHS facilities. This tool shall be used when a Child Protective Service report has been made on a non-licensed living arrangement, the non-custodial parent's home, or licensed family foster homes.

The caregiver is the adult (typically one or both parents) living in the household who is responsible for childcare. In situations where an adult relative is entrusted with the care of the child and is the alleged perpetrator, the Safety Assessment is conducted in the home where the child resides.

If the allegation involves only one parent, guardian, or custodian, a separate Safety Assessment is not required for the other parent, guardian or custodian's household. If the allegation involves two households, a separate Safety Assessment shall be conducted on both households. An example would be allegations of inappropriate discipline with both parents living in separate households listed as perpetrators.

Who completes: Social worker assigned to complete the assessment. In reciprocal county investigations, the home county shall conduct the safety assessment and provide the assessment to the investigating county. If a child is found in one county and resides in another, the county where the child is found conducts the Safety Assessment and forwards the Safety Assessment to the county of residence.

When: The Safety Assessment shall be completed and documented:

- at the time of the first face-to-face contact with the family;
- prior to allowing the child to remain in the household;
- prior to the removal of a child from the home;
- prior to the return home in cases where the caregiver temporarily places the child outside the home as a part of the safety response;
- at any point a new report is received;
- at any other point that safety issues are revealed. (This may mean completing more than one Safety Assessment if needed). However, if the initial safety assessment reveals that the home is safe and no changes occur, one safety assessment is sufficient for the whole CPS assessment phase;
- In the event a child is placed with a relative as a component of the Safety Response, the short form of the Kinship Care Assessment needs to be completed to determine the child's safety. A Safety Assessment would not be required on the relative home in this situation;
- The Safety Assessment should be completed on the home where the child resides. In situations where the parents/caretakers are not living together the Safety Assessment need only be completed for the home where the alleged maltreatment occurred.
- Whenever there is a CPS investigative/family assessment case decision recommending closure (findings of "unsubstantiated," "services recommended," or "services not recommended"), there must be a Safety Assessment documenting a finding of "Safe".

Decision: The safety assessment is used to guide decision making in the removal and return of children to families. It also guides decision making on factors that, if not addressed, threaten immediate harm to children. A safety plan (Section 2, Safety Response) is required for all children assessed unsafe on any safety factor.

Appropriate completion:

The Safety Assessment has four sections: Safety Assessment, Safety Response, Safety decision, and Signatures.

Each section is preceded by instructions for appropriate completion. The list of safety factors are behaviors or conditions that may be associated with a child being in danger of serious harm. The vulnerability of each child needs to be considered throughout the assessment. Younger children and children with diminished mental or physical capacity or children with repeated victimization should be considered more vulnerable. Complete each factor based on the most vulnerable child.

Section 1: Safety Assessment

The list of factors under Part A are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence or absence of each factor by circling either "yes" or "no."

The Safety Factor examples should not be considered complete descriptions of all possible circumstances related to the factors. Other behaviors or conditions may be associated with each listed factor and may also be indicative of the **possibility of immediate danger of serious harm**. How recently the behavior or condition occurred should also be considered; that is, the situation currently present is likely to occur in the immediate future, or occurred in the recent past. The examples should not be construed as necessarily equating with an "unsafe" decision but rather as "red flag alerts" to the possibility that the child may be unsafe.

In Part B, for all safety factors marked "yes," note the applicable Safety Factor number and then briefly describe the specific individual's behaviors, conditions, and/or circumstances associated with that particular safety factor. If no safety factors are present, skip Part B and go to Section 3: Safety Decision.

Section 2: Safety Response

A safety intervention is any action taken by staff or others to remediate the unsafe condition identified in the Assessment while services are provided to the family. Safety Responses (1-7) are used to indicate the controlling interventions utilized by the assigned social worker.

In filling out this section, keep in mind: 1) are the Safety Response actions sufficient? and 2) is the family willing and able to participate in these actions at a level sufficient to protect the child(ren)? If safety resources are being utilized, it should be documented in the safety response area what the safety resource specifically agrees to do to ensure the safety of the children.

Note:

At any point that the caregivers arrange an alternative placement with another resource (family, friend, etc.), the social worker is responsible for assessing the safety of this arrangement to include the Kinship Care tools or other means of assessment.

Section 3: Safety Decision

The assigned social worker and supervisor completing the assessment make a determination of **safe, conditionally safe, or unsafe**, based on whether controlling interventions can mitigate the unsafe factor(s) identified. The safety decision should reflect the situation at the time the safety assessment is being completed.

- A. A child is "Safe" if no child in the family is in danger of immediate harm as indicated by scoring all Safety Factors in Section 1, Part A. "no."
- B. A child is "Conditionally Safe" if Safety Responses (1-6) allow the child to remain in the family home or another safe living arrangement while services are provided.
- C. A child is "Unsafe" if the only controlling intervention is legal removal of the child(ren) from the family home. This includes both short-and long-term placement.

Section 4: Signatures

Signatures of parents/caregivers, safety resources, social worker and supervisor are required if the Safety Decision is Conditionally Safe. No signatures from the parent/caregivers or safety resources are required if the safety decision is safe; however the social worker and supervisor must still sign. In the event a child must be removed from the home due to safety concerns, the parent is not required to sign the Safety Assessment though an attempt should be made to acquire the signature. If the parent refuses to sign the Safety Assessment, the social worker shall document the reason for the parent's refusal.

If a safety resource is utilized, the relationship of the resource to the child shall be documented in the appropriate location. The caregivers and the safety resources shall be given a copy of the Safety Assessment.

If supervisor approves the Safety Assessment, the family will not receive another copy, unless they request it. If the supervisor does not approve the Safety Assessment the social worker will contact the family within 24 hours to discuss any change or concerns.

In Home Family Services Agreement

| | |
|-------------------------------|---------------------------|
| Family Name: | Social Worker Name |
| Address and Telephone: | Telephone: |

Children/date of birth:

Date of the next review of the Services Agreement:

Names of persons participating in the development of the Services Agreement:

| | |
|--|-------------------------------|
| Child/ren's Caregiver: | |
| Child/ren's Caregiver: | |
| Other Participants (including children) | Relationship to Family |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |

I. Family Strengths and Resources

II-a. Plan to Address Identified Needs:

1. Need (from Strengths and Needs Assessment) for all involved parents
2. Describe behaviors that are of concern.

3. Objective

4. Activities/Responsibility/Target Dates

| Activities | Who is Responsible | Target Date |
|------------|--------------------|-------------|
| | | |

Review Status

| Review Status: Date / / | Status: Date / / |
|-------------------------|-----------------------|
| Achieved in full | Achieved in full |
| No longer appropriate | No longer appropriate |
| Partially Achieved | Partially Achieved |
| Not achieved | Not achieved |

Comments regarding the review status and/or areas of concern:

North Carolina Division of Social Services
II-b Voluntary Services Requested by the Family
Family Objective:

County # _____ Case # _____ Plan date: ____/____/____

| Activities/Responsibility/Target Dates Activities | Who is Responsible | Target Date |
|--|--------------------|-------------|
| | | |

Progress toward meeting the identified objectives:

What are the effective services being provided to this child(ren) to keep the child(ren) from going into foster care?

If there is an involved noncustodial parent, describe how they are assisting in the planning of the child(ren)'s safety:

What will happen if the child's safety can no longer be assured?

If the child must be removed from the home, what are the parent's preferences for placement?

Ask the family to describe any knowledge of having American Indian Heritage. _____

Under what circumstances will the agency end services and close the case?

North Carolina Division of Social Services

County # _____ Case # _____ Plan date: ____/____/____

III. Child well-being needs identified with family and from Family Assessment of Strengths and Needs Instrument, Page 2, and how they will be addressed:

A. Educational:

B. Physical:

C. Mental Health:

D. Other

Progress toward meeting the child well-being identified needs:

IV. Comments

Signatures of persons who wrote this agreement and who will work toward meeting the identified objectives:

| SIGNATURE | DATE OF SIGNATURE | REVIEW DATE(S) | DATE(S) COPIES PROVIDED |
|---|--|--|--|
| Parent/Caregiver _____ _____ _____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ |
| Parent/Caregiver _____ _____ _____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ |
| Youth _____ _____ _____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ |
| Youth _____ _____ _____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ |
| Youth _____ _____ _____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ |
| Social Worker/Agency Rep. _____ _____ _____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ |
| Supervisor/Agency Rep. _____ _____ _____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ | ____/____/____ ____/____/____ ____/____/____ |

North Carolina Division of Social Services

| Support Person/Relationship: | County # | Case # | Plan date: |
|------------------------------------|----------|--------|----------------|
| _____ | _____ | _____ | ____/____/____ |
| _____ | _____ | _____ | ____/____/____ |
| _____ | _____ | _____ | ____/____/____ |
| Support Person/Relationship: _____ | _____ | _____ | ____/____/____ |
| _____ | _____ | _____ | ____/____/____ |
| _____ | _____ | _____ | ____/____/____ |
| Support Person/Relationship: _____ | _____ | _____ | ____/____/____ |
| _____ | _____ | _____ | ____/____/____ |
| _____ | _____ | _____ | ____/____/____ |

Out of Home Family Services Agreement

I. Identifying Information

| | | |
|-----------------|-------|------|
| Child | DOB: | Age: |
| Mother | DOB: | Age: |
| Address | Phone | |
| Father | DOB: | Age: |
| Address | Phone | |
| Other Caregiver | DOB: | Age: |
| Address | Phone | |
| Other Caregiver | DOB: | Age: |
| Address | Phone | |

| | |
|----------------------------|-------|
| Social worker/case manager | Phone |
| Guardian ad Litem | Phone |
| Attorney for mother | Phone |
| Attorney for father | Phone |
| Attorney for child | Phone |
| Other/relationship: | Phone |
| Other/relationship: | Phone |

The following people participated in the development of this plan (please print) _____

Permanency Plan: Reunification Custody to non-removal parent Adoption Guardianship/custody with a relative or court approved caretaker Another Planned Permanent Living Arrangement

The anticipated completion date for the permanency plan is ____/____/____. This agreement is effective on ____/____/____. The agreement will be reviewed on ____/____/____.

Ask the family to describe any knowledge of having American Indian Heritage.

Indian Child Welfare Act applies to this child (circle one) **yes** **no**

Other case plans affecting this services agreement are attached: (i.e. IEP, Mental Health, Juvenile Services). Indicate effective dates.

II. Current Placement Information: (check one) Home of Both Parents ____; Mother's Home ____; Father's Home ____; Home of Relative (specify) ____; Family Foster Home ____; Specialized or Therapeutic Foster Home ____; Group Home Care; ____; Adoptive Home ____; APPLA; Other (Specify) _____

_____ has lived in this placement since ____/____/____

Name: _____
Address: _____
Phone number: _____

Why was this placement chosen for _____? Discussions must include the following items: least restrictive, most family-like, closeness to home community and child's school district, whether or not it is a relative placement and services of placement designed to meet the needs of the child(dren). Attach additional sheets if needed.

The date the agency obtained custody or placement responsibility for the child was on ____/____/____. Why did the agency obtain custody?

Why was the child removed from the home? (check here for not applicable if the child remains in the home (____))

Is this child placed with siblings? Circle one: Yes No NA . If not, why not and what are the efforts to place the child with siblings?

Attach court-ordered visitation/contact plan for the child (with parent, caretaker, siblings, placement provider and other family members or friends) including frequency, supervision, etc. and the date of the court order authorizing visitation. (N.C.G.S. § 7B-905).

To be Used When Reunification is the Child's Permanency Plan.

III-a. Objectives and Activities to Address Identified Needs:

1. Need (from Strengths and Needs Assessment) for all involved parents
2. Describe behaviors that are of concern.
3. Objective

| Activities | Who is Responsible | Target Date |
|------------|--------------------|-------------|
| | | |

IV-a. Progress Toward Meeting the Identified Need:

| | |
|------------------------------------|-----------|
| Review status: Date ____/____/____ | Comments: |
| Objective Achieved in full | |
| No longer appropriate | |
| Partially Achieved | |
| Not achieved | |

| | |
|------------------------------------|-----------|
| Review status: Date ____/____/____ | Comments: |
| Objective Achieved in full | |
| No longer appropriate | |
| Partially Achieved | |
| Not achieved | |

| | |
|------------------------------------|-----------|
| Review status: Date ____/____/____ | Comments: |
| Objective Achieved in full | |
| No longer appropriate | |
| Partially Achieved | |
| Not achieved | |

To be used when the child's Permanency Plan is not Reunification

III-b. Barriers to accomplishment of alternative permanency plan of _____:
 Adoption, custody with non-removal parent, custody or guardianship with relative, court-approved caretaker, or Another Planned Permanent Living Arrangement.

- 4. Barrier to Permanency:
- 5. Describe current status of efforts to overcome this barrier:
- 6. Desired outcome:

| Activities | Who is Responsible | Target Date |
|------------|--------------------|-------------|
| | | |

IV-b. Progress Toward Overcoming Barrier: (continue on reverse if needed)

| | |
|------------------------------------|-----------|
| Review status: Date ____/____/____ | Comments: |
| Objective Achieved in full | |
| No longer appropriate | |
| Partially Achieved | |
| Not achieved | |

| | |
|------------------------------------|-----------|
| Review status: Date ____/____/____ | Comments: |
| Objective Achieved in full | |
| No longer appropriate | |
| Partially Achieved | |
| Not achieved | |

| | |
|------------------------------------|-----------|
| Review status: Date ____/____/____ | Comments: |
| Objective Achieved in full | |
| No longer appropriate | |
| Partially Achieved | |
| Not achieved | |

V. Review and attach most recent Family Assessment of Strengths and Needs or Reunification Assessment, as appropriate.

The primary permanency plan is _____ and is appropriate for this child because _____. If the permanency plan is not accomplished, the concurrent plan is _____.

Are the specific orders of the court incorporated into the objectives and activities of this plan? Circle **yes** **no** If not, explain.

Date of next Court Review ____/____/____.

If the youth is 16 years of age or older, describe or attach the Transitional Living Plan including:

- The estimated date of discharge from out of home care
- The youth's anticipated living arrangement after discharge
- What specific steps are being taken to help the youth prepare for discharge, including life skills training, work experience, a savings plan, education and job training, medical and mental health care, development of a personal support network?
- Supportive adults who are working with the youth as he/she progresses toward discharge.

VI. Services to Placement Provider: Describe agency services to the placement provider that are designed to assure that this child's needs are being met.

- A. Meetings between provider and agency**
- B. Meetings and other communication between provider and parent/guardian**
- C. Training specific to the needs of the child**
- D. Respite Care**
- E. Referrals to Community Resources**
- F. Other**

VII. Signatures of persons who wrote this agreement and who will work toward meeting the identified objectives.:

| SIGNATURE and COMMENTS | Date of Signature | I received a copy of this Plan. Yes <input type="checkbox"/> No <input type="checkbox"/> |
|------------------------------------|-------------------|---|
| Parent Comments:: | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Parent Comments: | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Child Comments: | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Foster Parent/Facility Comments | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Foster Parent/Facility Comments | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Social Worker | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Supervisor | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Guardian Ad Litem Comments | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Tribal Representative Comments | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other/Relationship | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other/Relationship | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

SAMPLE ONLY – NOT FOR USE

SERVICES INFORMATION SYSTEM
CLIENT ENTRY FORM

DATE _____

A. Client Identifying Information

| | | | | | | | |
|------------------------------|--|---------------------|----------|------------------|---------|-------|----|
| 1 CLIENT ID | | 2 CLIENT NAME, LAST | | | | FIRST | MI |
| 3 CLIENT SOCIAL SECURITY NO. | | 4 DATE OF BIRTH | 5 COUNTY | 6 COUNTY CASE NO | 7 OTHER | | |

B. Service Plan

| 8 DECISION | 9 SERVICES REQUESTED | 10 SERVICE CODE | 11 DATE REQUESTED | 12 DATE TERMINATED | 13 REASON | 14 SPECIAL USE |
|------------|----------------------|-----------------|-------------------|--------------------|-----------|----------------|
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C. Notice of Action Taken

- You will be able to receive the service which is marked "Yes" beginning _____ through _____
- After _____ You will not be able to receive the service which is marked "No" because _____
The policy we followed is found _____
- The service which is marked "Change" which you have been receiving will be _____
- You will have to pay a fee for following services: You have agreed to contribute to the cost of the following services:
Service _____ Fee Amount _____ per _____ starting _____

D. Purchase of Service

- The provider is authorized / no longer authorized to claim reimbursement for _____ Beginning _____
Provider _____ Provider ID _____
- Client Address: _____ Funding source(s) _____
- Client Phone: _____

- The provider is responsible for collecting the consumer contribution:
Amount _____ per _____ Starting _____

E. Income Information

| INCOME TYPE | INCOME AMOUNT |
|--------------------------|--|
| _____ | _____ PER _____ |
| _____ | _____ PER _____ |
| _____ | _____ PER _____ |
| NO. IN INCOME UNIT | DECLARATION METHOD <input type="checkbox"/> |
| <input type="checkbox"/> | VERIFICATION METHOD <input type="checkbox"/> |

F. Social Worker's Signature _____ Date _____

G. If you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing.

By signing below, you are saying that you have given correct and complete information. Date of signature _____

Signature _____ Witness _____

COMMENTS:

H. Client Information

| | | | | | | | | | |
|----------------------------|--|-----------|-----------------|---------------------|--------|--------------|--|--------------|---------|
| 15 CASE MANAGER NAME, LAST | | FI | MI | 16 CASE MANAGER NO. | | 17 LOCAL USE | | 18 STATE USE | |
| 19 SPECIAL AREAS | | 20 REASON | 21 LEGAL STATUS | 22 LIVING ARR. | 23 SEX | 24 RACE | EDUCATION 25 IN SCHOOL 26 HIGHEST GRADE | | 27 LANG |

ADULT AND FAMILY SERVICE PLAN

Case # _____
 ID # _____
 Date Initiated _____

Client: _____

| Checklist for Change (Problem/Need) | Goal | Target Date | Activities/Services | Person/Agency Responsible | Activity Done | Goal Met |
|--|------|----------------|---------------------|------------------------------|------------------|-------------|
| | | | | | | |

 Social Worker

 Date

 Client

 Date

 Other (optional)

 Date

Interim or Quarterly Client Review

Client Name: _____

Date: _____

Case # _____

ID # _____

Review was conducted (check all that apply):

Information was obtained during the review period from: (check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> In Client's Home |
| <input type="checkbox"/> At DSS | <input type="checkbox"/> In Client's relative's home |
| <input type="checkbox"/> By Telephone | <input type="checkbox"/> Nursing Home/ Domiciliary Care |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other - Explain Below |

| | | |
|--|--|--|
| <input type="checkbox"/> Aide/Paid Assistant | <input type="checkbox"/> Guardian | <input type="checkbox"/> Primary Caregiver |
| <input type="checkbox"/> Client | <input type="checkbox"/> Other | Explain Below |
| <input type="checkbox"/> Facility Staff | <input type="checkbox"/> Other Family | Explain Below |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Other Professionals | Explain Below |

Other, Explain:

Other, Explain:

Have there been any changes/events since the last review which have a SUBSTANTIAL impact on the client's/family's life or need for services? If yes, summarize briefly.

Update face sheet to reflect any changes such as address, telephone, or household composition.

Review of the functional domains

Please include in your summary new problems, worsening conditions, improvements, and new resources or accomplishments. (Include information that documents the continuing need for services.)

Social

Environmental (home and neighborhood)

Mental/Emotional Health

Physical Health

ADLs and IADLs

Economic

| |
|--|
| |
|--|

Summarize below any other significant events, contacts, or activities during the quarter (include dates) or attach relevant sections of your log notes.

| |
|--|
| |
|--|

Progress on Goals

| Goal # and/or Description | Progress | Disposition | | |
|---------------------------|----------|---|--|--|
| | | <table border="1"><tr><td style="width: 10%;"></td><td style="width: 90%;"></td></tr></table> | | |
| | | | | |

| Goal # and/or Description | Progress | Disposition | | |
|---------------------------|----------|---|--|--|
| | | <table border="1"><tr><td style="width: 10%;"></td><td style="width: 90%;"></td></tr></table> | | |
| | | | | |

| Goal # and/or Description | Progress | Disposition | | |
|---------------------------|----------|---|--|--|
| | | <table border="1"><tr><td style="width: 10%;"></td><td style="width: 90%;"></td></tr></table> | | |
| | | | | |

| Goal # and/or Description | Progress | Disposition | | |
|---------------------------|----------|---|--|--|
| | | <table border="1"><tr><td style="width: 10%;"></td><td style="width: 90%;"></td></tr></table> | | |
| | | | | |

Update service plan as needed

Social Worker's Signature _____

MAC Narratives

1.) *SW spoke with P from Supportive Solutions, SW gave P a brief history of adult and diagnoses. SW requested adult be assessed to see if it is totally mental illness or if adult may be suffering from some early onset dementia. P will assess today.(coordination of service to maintain mental health—billed to 340 MAC)

It is a good note. The entries are describing what the worker is doing rather than what services that the client is receiving. I can see in this note what the worker is doing to assist the individual in accessing Medicaid services. We are making sure that in training we are telling the participants that MAC is for the worker to bill for their administrative time in assisting an individual access Medicaid services covered under the NC State Medicaid plan. Their notes should reflect the workers efforts to do this. I would assign this narrative (2)

2.)*SW called and spoke with facility social worker J. SW informed J of cardiology findings from client's hospital stay in September. J will make referral to cardiologist for evaluation. (Coordination of medical services-referral to cardiologist, billed 340 MAC)

Same as above. I would assign this narrative (2)

3.)*Call from client nervous about surgery tomorrow (billed MAC 340-90mins)

Although this note is brief, it's OK. What would make it stronger would be if the worker describe what they did to make the client feel less nervous. Example; "I talked with a client who was nervous about surgery tomorrow and gave them some suggestion of how to prepare". However, a flag for me would be the amount of bill billed for this note (90 minutes). Was the worker on the phone with the client for all that time? If so, need more detail. I would assign this narrative (1)

4.)*SW called client for purposes of monitoring medical services, evaluate needs and monthly contact. Doing well, continues with PT 2 x/wk. Client saw PCP referred for ultra sound at the hospital. Diagnosed with fatty liver. Discussed meds/symptoms. Discussed MD orders to eat more protein and decrease carbs and exercise regularly. Client plans to follow diet along with PT to lose weight and help manage diabetes. Also reports she has been approved for Section 8 housing and now has 60 days to find a place. SW referred her to several housing options. Client will call and visit these options. Will keep SW updates. (Billed 15 mins 340 MAC and 15 mins 330X).

Good note. I can see in this note what the worker is doing to assist the individual in accessing Medicaid services. I see that the note is separated with two codes, 340 and 330. I would assign this narrative (2)

5.)* CM made several attempts to speak with client via phone. However, client was unable to hear on the phone, CM visited client in her home in order discuss medical appointments on 1/16/15. CM has assessed and monitored client's medical needs. CM has also contacted client's Care Partners RN and discussed client's current medical status. Client was in good spirits and expressed appreciations for the visit. CM will shadow client to medical appointment on 1/16/15. (55 min 330/ 45 min 340).

Also a good note. Again, I can see what the social worker is doing to help the client with their medical needs. The attempt to speak with the client even though not successful is still billable because the client

WAS on the other end of the line. It would not have been billable if client was not home either for the phone call or the home visit. Attending with the client "shadowing" is also billable to 340. I would assign this narrative (2)

6.)*TC to remind client of psych appointment today in Asheville. Picked up client took to appointment and assisted with the evaluation. Client was unable to do much of the assessment due to his communication limitations, but sister and SWer filled in blanks. Assessor M stated he felt he could get the eval completed and to LME in one week. Emailed LME to request fax number for M. (340 MAC-375).

Good note. Describes the actions of the worker. I would assign this narrative (2)

7.)*SW took client to MD, and we waited 1 ½ hours, finally got to see MD. SW and MD looked at CT scan from Monday and client has numerous tumors since April. He has one blocking his flow or urine from kidneys, tumor on liver, spleen, lungs and spine. SW got all results and took them back to facility for his char. Client upset and crying. Staffed with facility SW.

Good note. Waiting in the waiting room with client is billable to 340. Good description of the results of the doctor's visit. I would assign this narrative (2)

8.)*SW worked on gathering information for client's MA application and documented yesterday's visit.

The first part of this note is fine for 342, but I am confused if the documentation for yesterday's visit was for to help the client apply for Medicaid or for another purpose. Documentation must be tied to an allowable activity in order to be billed and the note should have been clearer if the documentation was connected to a billable activity. I would still assign this narrative (2)

9.)*SW coordinated with hospital and MD to transfer care for client to MD while in patient. SW filled out all consents, and coordinated care and meds.

I am not clear what the worker means to "transfer care" for client. It is obvious that it is an allowable activity since it is dealing with the client's medical care, but it would help if it was clearer. The second part which is completing consents and other documents is good. I would assign this narrative (2)

10.)*CM coordinated MD's appt for client. CM communicated with client about this appt. CM also met with MD during the visit regarding the proper care of client's food (MAC 120 min)

First part of the note is good. But I don't know what proper care of client's food means. What is the issue with the client's food care that makes it a medical issue? Workers have to take care that it is clear that it is a medical or mental health issue and/or is connected to accessing Medicaid services. I would still assign this narrative (2)

11.)*CM transported client to medical appt. CM also scheduled f/u visit. The MD updated CM on status of client (MAC 180)

All this is a good note but what is MAC 180???? I would assign this narrative (2) if indeed it is 340

12.)*Client's annual individualized service plan meeting via phone. Issues that were of most concern were the ones relating to the client's use of internet accessibility, electronic and family involvement.(70 mins-MAC)

Not a good note. I don't see anything listed here that is billable to MAC. If this note is billed to MAC, the 70 minutes would be disallowed and the county would be in a payback situation. You can conduct a service plan meeting but you could only bill the portion of that service planning meeting that is connected to accessing Medicaid services. There may be parts of the service plan that is billable but it is not documented here. I may have assigned it a "1" except that it seemed that most of the conversation was about non-billable activities. I would assign this narrative (0)

13.)*TC from Facility today, client's behavior is escalating and will need to find other placement. Discussion involved client's new behavior patterns and his desire to go on a shopping trip.(20 mins MAC)

Partially good note. The efforts to dealing with a client's behavior issues is fine, and you can even discuss what that may mean in placements. If the worker is making a referral to another placement with Medicaid services (i.e., an ACH where they may get PCS) all that is allowable. But you could NOT bill for placement services for non-Medicaid placement. Discussing the client's behavior patterns is fine, but discussing the client's desire to go shopping is not part of accessing Medicaid services. This would be a flag to me as a monitor. I would assign this narrative (1)

14.)*CM drove to client's home to discuss potential placement, no one at home. CM then phoned SW and MD at hospital to verify that client is still in the hospital.(70 mins MAC)

The first part of this note does not describe a billable MAC activity. Since no one was at home, there was not a Medicaid event to in order to provide activities to access Medicaid. The second part of this note may be allowable activity, but needs more detail. Did the worker just make a phone call or was there such discussion about the client's medical condition? If that was described in the narrative, it would be an acceptable note. This is a marginal note and I don't think the county can justify 70 minutes on these activities to bill to MAC. I would assign this narrative (0)

15.)*HV to client- she wants hair colored and trimmed. SW will schedule for client. SW and client also discussed items on shopping list to be picked up today.(140 mins MAC)

Not even close to an acceptable note. Activities described here has nothing to do with accessing Medicaid services. This note would generate a payback for the 140 minutes claimed I would assign this narrative (0)

16.)*HV developed new service plan with client and obtained signature. (120 mins MAC)

This is acceptable, although needs more detail. Since we know that only that portion of the service plan that is connected to Medicaid services in order to be billed, the worker would need to make it clear that all of the service plan (if indeed it was) is connected to accessing Medicaid services. I would assign this narrative (1) only because the worker needs to indicate the Medicaid activities addressed during the service plan.

17.)*TC to client to discuss status of prescription medications,(15 mins- MAC)

Good note. Short and to the point. I would assign this narrative (2)

18.)*HV with client, SSI is being cut and will be reinstated in about 6 months, client want a copy of pre-need burial contract from Funeral Home. (45 mins MAC)

As this note is written, none of the activities described is billable to MAC. If Medicaid was being denied and the worker was helping to reinstate Medicaid that would be an allowable activity, but here it only speaks about SSI. Certainly the pre-need burial contract will not be an allowable MAC activities. This note would be rejected and generate a payback situation for the 45 minutes claimed I would assign this narrative (0)

19.)*SW called Medical Clinic and left message for client's PCP's assistant, to return call. Received call from medical assistant, discussed client physical health. Client gets blood work for Coumadin every 4 wks and is due for lab work, does not need appt to get blood drawn. SW called client and discussed arranging transportation to clinic for lab work. Needs to be arranged 3 days in advance. Clinic closed on Fridays and lunch. Since client receives PCS 8-11, he will be available after that. Client will be available Mon at 1pm to go to clinic. SW advised transportation will be arranged. SW arranged med transportation with MA transportation coordinator for Monday at 1pm. SW prepared documentation for client's case to be reviewed by completing documentation for adult services functional assessment for SA/IH. (60 mins -340/15 mins 343)

All a good note. It is good to see the worker break up the time between 340 and 343 I would assign this narrative (2)

20.)*SW contacted Guardianship Rep by phone. SW stated that the hospital had completed a second MRI on client and it came back normal. They also observed him on a 48 hr watch for possible TIAs and there was no sign of TIAs during the 48 hr watch. All blood work came back normal. The nurses reported that he hasn't had any passing out episodes since he has been admitted to the hospital. (55mins-340)

All a good note. Good description of activities. Remember it just not what is happening with the client, it is what are the action of the worker? MAC pays the administrative time for the worker to assist the client in accessing Medicaid services I would assign this narrative (2)

21.)*SW completed client's QR; Reviewed the service plan and goals remain the same; and completed documentation of the quarterly visit on this date and submitted to SWS for review.(90 mins-MAC/90 mins 107)

This note needs more detail. Reviewing the service plan can be billable to 340, but it has to describe medical/mental health issues or access to Medicaid to assist the client in meeting their needs. Same for the quarterly review. If all of the discussion for the service plan and quarterly review is about assessing Medicaid, then all can be billed. If not, you can only bill that portion that is connected to accessing Medicaid services. I am also not sure what was billed to MAC and what is billed to 107. Instead of mixing these two codes together, it should have activities listed for MAC and activities listed for 107 so it doesn't give the appearance that the worker is trying to bill the same activities to two codes. I would assign this narrative (1) only because the worker needs to indicate the Medicaid activities addressed during the service plan.

22.)*TC with J at Home Health. SW discussed referral and concerns of client not taking his medications properly. SW discussed medications that client is currently taking and med management order signed by Dr. SW faxed info to J. and followed up to ensure information was received. SW contacted client and discussed referral and medications. Client stated he has taken his meds today. (340-50 mins)

Good note. Very clearly describes what the worker is doing to connect the client to Medicaid services I would assign this narrative (2)

23.)* TC with client, SW followed up with client. Client stated doing well and aide in the home now assisting with personal care. Client stated he just completed his bathing and dressing with aide's assistance. Client stated he is taking meds and continues to have them lined in order on the kitchen. Client has not concerns at this time. (340-15 mins)

This is not a good note. The worker is relaying what the client saying or doing. It is not describing what the worker is doing to assist the client in accessing Medicaid services. The first part of the note seems to be describing what the aide is doing and talks about bathing and dressing. As it is written, this are not connected to Medical or mental health issues. The second part of the note says that the client has his meds lined up in order on the kitchen [counter] But it doesn't indicate that the worker was part of that discussion to keep the client medications organized. Although MAC is only billed for 15 minutes on this note, it would be a disallowed activity. I would be willing to bet you that the worker is providing MAC activities that is about accessing Medicaid service for their client, but it didn't get into the note. I would assign this narrative (0)

24.)FV to Care Center. SW let staff know that client had MRI today. SW took client to MRI appt at MDs office to ensure coordination of appt. SW talked with client and explained procedure he was having and importance of lying still on table. SW assisted with completing paperwork about his medical history prior to appt. SW attended client during appt and observed MRI. SW answered questions during procedure as needed about client's current and past medical history. SW obtained copy of MRI of his brain to take to appt on Friday. SW and client went back to facility. SW advised staff of procedure and client needs to drink plenty of fluids today to flush out dye from MRI. SW let staff know the SW would be picking up client on Friday for app. Client said he was doing well and denied needed anything for SW. Wanted to go to room to rest. (340 MAC- 150 mins)

A very good note. Describes everything that the SW is doing to assist the individual in addressing their medical issues. The travel time is folded into the note as it should be (since t also billable to 340) You can see where the activities from beginning to end assisted the client in receiving the medical services they need, including, observation, talking with the doctor, talking with the client, transportation disseminating information to the staff at the facility and documentation. A good example to use in your consultations. I would assign this narrative (2)

CL 31201
4 5 10

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES

WORKER DAILY REPORT OF SERVICES TO CLIENTS

| | | | | | |
|------------------------|----------------|----------------|-------------------------|----------------|-------------|
| 1. COUNTY PROVIDER NO. | 2. MONTH YEAR | 3. WORKER I.D. | 4. COUNTY PROVIDER NAME | 5. WORKER NAME | LAST, F, MI |
| 11 | 18 19 22 23 31 | | | | |

| 6. CLIENT NAME | 7. LN | 8. DAY | 9. SERVICE | 10. CLIENT I.D. | 11. MINUTES | 12. PGM | 13. COUNTY USE | 14. COMMENTS |
|----------------|-------|--------|------------|-----------------|-------------|---------|----------------|--------------|
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Sample only.
Not for use.

My signature certifies that this is an accurate account of time and services provided as listed above:

➤ General MAC Questions

1. What are the overall objectives of MAC?

Title XIX of the Social Security Act (the Act) authorizes federal grants to states for a proportion of expenditures for medical assistance under the approved Medicaid state plan, and for expenditures necessary for administration of the state plan. The goal of North Carolina's Medicaid administrative claiming (MAC) effort is to appropriately claim for those activities performed by DSS and DAAS case managers. MAC activities are case management activities to assist individuals in accessing Medicaid Services under the North Carolina State Medicaid Plan. Further information is available on Medicaid.gov at this link: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Medicaid-Administrative-Claiming.html>

2. What is the most important thing that I should remember for MAC?

MAC must be directly related to Medicaid covered services under North Carolina's state plan.

3. Who is eligible for MAC activities?

There are two groups who are eligible for MAC activities:

- Medicaid beneficiaries – The client must be a Medicaid beneficiary for MAC 340 and MAC 343. Case managers must look up each client's status to ensure active enrollment.
- Individuals seeking Medicaid – Adults or children served through Medicaid outreach activities (MAC 342) or who need assistance completing a Medicaid application (MAC 341).

Note that the location of the client does not matter, so MAC can be used for individuals in a hospital or treatment facility setting. MAC time spent with IV-E children is also appropriate.

4. Are MQB individuals eligible for MAC activities?

No, because the sole benefit of MQB provisions is to pay for Medicare premiums or co-pays.

5. Is it an agency decision to use these codes? What should an agency do to be consistent in MAC coding?

It is the agency's decision to utilize MAC. It would be helpful for monitors in each county to decide upon a particular location in the narrative to create consistency among individual workers.

6. Is MAC only for case managers?

No, MAC can be used by all employees who perform Medicaid administrative activities, including social work support staff and Child and Family Team facilitators. However, note that clinicians or paraprofessionals providing direct Medicaid billable activities would not code their time to MAC because they are providing a direct service rather than a case management activity.

7. Can MAC be used by an agency other than the County Department of Social Services (CDSS)?

DMA does not support the use of MAC by any agency other than CDSS. However, DMA does allow a CDSS to bill MAC for a contracted/temporary employee hired through a staffing agency. Billing for employees with this distinction are covered under Part I of the DSS-1571.

8. Are there minimum client visit requirements for MAC?

No. There are no requirements during a visit when logging time for a visit against the appropriate MAC SIS Code beyond proper day sheet documentation.

9. What is the appropriate billing code when staff go out to visit a new referral/case and the family is not home?

- If the family is not home and you do not speak to anyone on the visit regarding your case, another non MAC, SIS code would be the appropriate choice if you are not able to provide Referral, Coordination and Monitoring of Medicaid Services (SIS Code 340), even if that is the activity you anticipated providing.
- If the family or individual is not there but you have a discussion during your visit with a relative or caretaker with regard to referral, coordination, and monitoring of the client's medical plan, then the time spent discussing this part of the client's plan as well as travel time can be coded to MAC.

▪ **Documentation**

10. Does MAC require specific forms?

No.

11. Is proof of Medicaid eligibility required in the client's service record?

DMA has an expectation that counties verify eligibility when billing for MAC (Codes 340 and 343). DMA understands that this process varies for each county; however the expectation is that the agency will attest (through acknowledgement in record notes) an individual is eligible for each specific month MAC is billed. This is a vital component to the monitoring process for MAC Codes 340 and 343.

12. Should the service plan include all identified needs regardless of funding source, with some time coded to MAC and some to other places?

The service plan should include goals that address the needs that require accessing Medicaid services to meet the needs of the individual. With MAC activities, bill only for those activities directly related to accessing Medicaid services, and bill time for other activities elsewhere as appropriate. The county should be addressing all issues regardless of funding based on the assessment and needs of the individual.

▪ **Day Sheets and Billing**

13. What is the program code that goes along with the SIS code for day sheet purposes?

The program code for all MAC SIS codes is "MAC". You can code your time in 5 minute increments.

14. Can a social worker potentially use more than one SIS code to document one encounter with a client?

You may use more than one SIS Code, but they must cover exclusive periods of service and not overlap (i.e., you cannot code the same period of time to more than one SIS code).

15. Can multiple workers bill for activity done at the same time, such as a joint home visit to a client?

Multiple workers can select MAC SIS Codes for joint time with the same client. The day sheets are meant to capture individual worker time, not 'service' units. The social worker should complete their day sheet according to the activities they were supporting or performing for a client, regardless of who else may have been with the client at the same time.

16. What does the SIS manual require regarding a signature on the DSS-5027?

The SIS manual has been revised (see text below):

A client signature is not required on the DSS-5027 when **only** referral, coordination and monitoring of medical services (SIS Code 340 – Referral, Coordination and Monitoring of Medicaid Services) and/or

transportation services for a client to access Medicaid services (SIS Code 343 – Arranging Transportation Services for Client to Access Medicaid Services) are being provided.

17. Can MAC be the only service open on the DSS-5027? Under what circumstances are we NOT required to have the client sign the DSS-5027?

MAC can be the only service opened on the DSS-5027. However, please note the following:

- DSS child welfare services are advising all of Child Welfare staff to always have another service open that MAC can support.
- MAC activities do not require a signature on the DSS-5027 if **only** MAC activities are being performed.
- MAC SIS Code 340 and MAC SIS Code 343 are required on the DSS-5027, but MAC SIS Codes 341 and 342 are not required on the DSS-5027. Please refer to the excerpt from the SIS User's Manual in the question above.

18. Realizing that narrative and day sheet must match, does the actual time spent doing MAC activities have to be included in the narrative, for example 60 min?

It is required that you put the number of minutes on the day sheet, but it is NOT required that you put the number of minutes in your case management notes, only that the entry in your case management notes reflect the appropriate activity for the code that was utilized on the day sheet and the date of service is referenced.

19. Is there a particular assessment format we need to use to show/document that a client is MAC eligible?

MAC is not a service or a program and therefore does not require a specific eligibility/assessment form. Case workers can document in ongoing case management notes that the individual is a Medicaid beneficiary (for MAC SIS codes 340 and 343) and needs to access Medicaid services under the NC State Medicaid Plan. MAC SIS codes 341 and 342 do not require an individual be Medicaid-eligible.

▪ **Transportation**

20. Can I select a MAC SIS Code if I am transporting a client to a doctor's appointment?

Yes, but there are some important distinctions regarding MAC and Medicaid transportation:

- MAC SIS Code 343 is only used for the arranging and/or scheduling of transportation for individuals to access Medicaid services.
- MAC SIS Code 340 can be used for transporting clients to a Medicaid service as part of a case management activity. Coordination of Medicaid services includes transporting a client to a doctor appointment because the client would otherwise not be able to attend.
- MAC is not to be used for non-medical related transportation.

21. Are the MAC SIS Codes in addition to 250, 251, 252, and 381-T codes that are related to Medicaid transportation?

Yes, they are. Paraprofessional and social work support staff who provide direct, billable Medicaid transportation would not be coding time to MAC.

- Code T (Title XIX Medical Transportation) is intended for use by paraprofessional staff whose job responsibilities are to perform activities such as billing, scheduling transportation, and making appointments. These activities should be coded on the DSS-4263 as 381-T; "T" is no longer be valid with SIS Code 380.

- NEMT-related activities not performed by a case manager can still be coded to 381-T without requiring a SIS Client ID on the day sheet, or a DSS-5027 as long as the client is receiving only Medicaid transportation.

▪ **Referral, Coordination, and/or Monitoring**

22. Can assessment/Quarterly Review/reassessment activities that relate to accessing Medicaid services under the State Plan be billed to MAC?

Yes, this is monitoring of Medicaid services.

23. Is the time spend going to the grocery store and food shopping for a client who has medical needs be a MAC activity? What about going to a pharmacy to pick up a prescription?

SIS Code 340 covers case management time related to making referrals for, coordinating, and/or monitoring the delivery of health related/medical services on behalf of clients. Remember that MAC is related to helping a Medicaid beneficiary to access Medicaid services. This is an important distinction because:

- Going to the store/shopping for food is not a Medicaid service. Thus, this is not a MAC activity.
- If a case manager had to go to a pharmacy to pick up/coordinate a prescription for an individual this would be coordinating and monitoring their health service plan. This is a MAC activity.

▪ **Outreach**

24. If a client is open for 202 and during the evaluation the caseworker educates the client/family about Medicaid, would this time be billable to MAC?

Yes. Outreach for Medicaid Services (SIS Code 342) may be used when performing activities that:

- Inform individuals about Medicaid.
- Inform individuals on how to access Medicaid and medically related services.
- Highlight the importance of accessing medical, mental health, functional/developmental disability, and alcohol and drug services.

Highlight the importance of maintaining a routine place for health care.

➤ **DAAS-Specific MAC Questions**

25. If DSS is guardian, can MAC be billed when a Social Worker assists with Medicaid review for SA (Special Assistance payment) or LTC (Long Term Care)?

The worker time may be coded to MAC if the activity is related to accessing Medicaid services including obtaining Medicaid coverage.

26. A) Can CAP staff claim MAC activities while providing case management activities under a waiver service? (CAP case management time is still available).

No. To avoid duplicate claiming, allowable administrative activities that are reimbursed through another program such as CAP cannot also be claimed under MAC. Staff members providing CAP services may be able to claim reimbursable administrative activities under MAC when the coordination of Medicaid services are not reimbursed under CAP or CAP case management time is no longer available. Examples of activities that should be claimed as CAP (when available) include:

- Assessing
- Care Planning
- Referral and Linkage
- Monitoring and Follow-up

CAP staffs often provide both direct services and administrative activities. The above listed activities are direct services/activities related to CAP. These services are integral to case management and would be considered duplication of payment if claimed under MAC when allowed under CAP or when CAP case management time is still available because activities are properly paid for as part CAP services and reimbursed at the federal medical assistance percentage (FMAP).

B) If activities provided to a waiver beneficiary is not billable to the waiver, can CAP staff bill their time to MAC?

Yes. A few examples of activities (not a comprehensive list) that could be potentially claimable under MAC by a CAP staff:

- Completing the Service Request Form (SRF)
- Preparing documents and participating in discussion meetings with supervisor and staff
- Documenting case management activities
- Outreach to Board Members/auxiliary about CAP (Advisory meeting attendance)
- Outreach to community about CAP services, how to apply, eligibility criteria, referral
- In-home training to families to improve coordination/delivery of Medicaid services (CAP does not provide training to families, just coordinate the referral, link and monitor)
- Staff travel to arrange transportation

C) If the allotted case management time has been exhausted for billable waiver case management activities, could MAC be used once a CAP beneficiary has exhausted all of their CAP funds?

Yes. MAC activities can be selected only after time has been exhausted under CAP. The case management agency must have supporting documentation that proves case management time was exhausted as a result of efficient resourcing. Assisting a CAP beneficiary to access a Medicaid service to remain safely in their community could be claimed as MAC activities given that documentation supports exhaustion of case management time and the need for the participant to have access to a Medicaid service.

27. Can MAC activities be provided to individuals receiving SA-IH?

Yes, a worker can provide MAC activities to SA-IH individuals for time spent on MAC activities.

28. What codes do we use for any SA-IH services that are not considered MAC activities?

- This is solely up to the individual county in how to capture time not allowable as a MAC activity. Some counties may choose to open the individual for SIS Code 330 – Individual & Family Adjustment Services.
- Note that the activities that a case manager is conducting will not change, only now some of those activities will be reimbursable under MAC.
- Case managers should not stop conducting certain activities or addressing non-medical needs because a county cannot be reimbursed using MAC for those activities.

29. Will we have to bill quarterlies & assessments under two different codes since each covers more than just medically related topics?

The assessment, service plan and quarterly reviews are all part of allowable activities under MAC. Note that:

- Only those parts of an assessment or quarterly that is connected to accessing Medicaid services will be reimbursable under MAC. If there are some parts that are not part of accessing Medicaid services, those activities will have to be billed to a SIS Code other than MAC.
- If all of the assessment and quarterly reviews are connected to accessing Medicaid services, then the entire assessment and/or quarterly may be captured as a MAC activity.
- The assessment, service plan, and quarterly review will stay on the same cycle as they were before.
- A new assessment is not required when adding MAC to a previous service.

30. If you determine they do not have to sign the DSS-5027 for 340 or 343, will we need to open another case management service such as 330?

MAC does not require a signature on the DSS-5027 as long as only MAC activities are open on the Case Plan. There is no requirement to open another service. However since MAC is described as a set of allowable activities that support accessing Medicaid services to meet the needs of an individual, some counties may interpret this to mean they should have another service open on the DSS-5027 (which would require a signature for that service). Each county will decide whether there is a need for an additional service on the DSS-5027 with MAC.

31. Is time spent assisting to arrange for a ramp for a Medicaid recipient to get in and out of the home because they are now wheelchair bound billable to MAC?

No. Building a ramp and/or assisting the client to obtain quotes/planning is not a MAC activity as a ramp is not a medical service covered under the NC State Medicaid Plan.

32. If a client receives payee services, is it best to bill under the payee code and not MAC?

Staff may do both depending upon the need of the individual. If the payee recipient needs access to Medicaid services to meet their needs and can benefit from the activities listed under any of the four MAC SIS codes, then staff should address those medical or mental health service needs with the client. The MAC codes may only be used for MAC activities, not payee services.

33. Can MAC be billed for activities during a Psychiatric In-Patient stay, for adults ages 21-65?

No. Medicaid does not cover this age group for their stay, thus it is inappropriate to select MAC for coordinating psychiatric in-patient stays for this age group.

34. Can MAC be billed for activities related to arranging dental care for an adult client?

The North Carolina State Plan offers dental coverage to adults age 21 and older as an optional service. Descriptions of when a dental procedure, product or service is or is not covered is available at this website <http://www.ncdhhs.gov/dma/mp/1dental.pdf>

35. Is all the time spent arranging and monitoring PCS (personal care services) billable to MAC?

If referral, coordination and monitoring that is performed for a client is for a personal care service that is a medical or mental health service covered by Medicaid then the time can be coded to the MAC SIS Code 340. A majority of personal care services are not a medical or mental health service and would not be allowable as a MAC activity.

36. Can you use MAC for APS reports? What about status reports for Guardianship?

There will be billable MAC activities performed in the course of doing APS evaluations and supporting guardianship cases. However, without the APS and Guardianship SIS Codes open on the DSS-5027, the total amount of time agency staff dedicated to APS or guardianship may not be available.

37. We will sometimes use MAC codes, when appropriate, during APS evaluations and for some case management activities for our wards. In each of these cases, do we have to have the client sign a DSS-5027? There is no client signature for code 202 or 107.

The client does not need to sign the DSS-5027 for MAC activities. It is a requirement that you continue to open the DSS-5027 with appropriate SIS Codes in order to capture the types of services being provided to clients. The DSS-5027 is required because there will be MAC activities performed in your APS evaluations and guardianship cases, and without the APS and Guardianship SIS Codes open on the DSS-5027, the total amount of time agency staff dedicated to APS or guardianship will not be available.

In the case of APS evaluations (202) and guardianship (107), signatures by the client are never required because of the nature of the services. If you are performing MAC activities in conjunction with other case management services that require a client application and request for services such as 330, then the client would have to sign the DSS-5027 for the 330 service or other services that require a client signature.

38. Can MAC also be used for third track situations in which an APS report is received and not accepted, but there are needs identified?

Yes, MAC activities may be performed for individuals who have not been accepted as an APS report (screened out).

39. What if an adult services worker working is with a mother who has minor children in the home, and spends time making appointments for Medicaid services for the children?

If both parent and child are Medicaid beneficiaries and both have SIS Code 340 open on a DSS-5027, staff must code the time spent working with each one. Select SIS Codes based on the actual time spent on each issue rather than dividing up a block of time.

40. Do referrals for Meals on Wheels or adult day care qualify for 340?

No. Neither referral activity could be a MAC activity because neither is assisting a client with accessing a Medicaid service under the NC Medicaid state plan.

41. Given that MAC addresses medical and mental health issues – are there any specific requirements for staff who code to MAC to receive HIPAA compliance training? Are there specific requirements for where/how documentation is kept, or must case managers provide any HIPAA privacy notices to clients?

There are three parts to this answer:

- MAC activities should not be used for time spent receiving HIPAA compliance training. MAC activities must be client specific activities for medical or mental health services covered by Medicaid.
- MAC does not have any specific documentation requirements. When selecting a MAC SIS Code for MAC activities performed, staff should make sure that day sheet entries are complete to allow for traceability of MAC activities to a client.
- There are no HIPAA related changes for MAC activities, so there is no need to provide privacy notices to clients relative to MAC.

42. Is the time spent assisting a person with a Disability Determination application (which is part of the Medicaid eligibility process for persons under 65) billable to MAC?

If assisting with the Disability Determination application or gathering other documentation is necessary to complete the Medicaid application then this activity is appropriate for SIS Code 341 – Facilitating an Application for the Medicaid Program.

43. Can a worker bill for MAC activities related to obtaining an FL-2?

For potential Medicaid eligibles that are being evaluated for Medicaid services requiring the completion of the FL-2, MAC is allowable for time allocated to referral, monitoring and follow-up to determine the individual's medical need. Examples of Medicaid services include:

- Skilled Nursing Facility
- Personal Care Services (PCS)
- Community Alternatives Program for Adults (CAP-DA) Waiver Programs of All-Inclusive Care for the Elderly (PACE)

➤ **Child Welfare-Specific Questions**

44. If a child has private insurance, can we use MAC activity codes?

No. This child is not a Medicaid recipient.

45. Could MAC be used for children in Foster Care?

Yes, MAC codes can be used for appropriate activities for both IV-E and non-IV-E children who are Medicaid beneficiaries.

46. If we are providing prevention services and the parent is the person with the identified mental health/medical need, do we now make the parent our identified client rather than the child?

There is nothing in policy that prevents a child welfare worker from managing a case for an adult. Please note the following:

- The parent can be opened in their own right if they are a Medicaid beneficiary which would be the most direct approach.
- In the situation in which there is a clear connection between the parents' needs and the health or behavioral health of the child, services for the parent can be provided through the child's SIS number. The connection must be clearly documented.

47. If we are accessing services for both the parent and child can we code half time to child and half to parent?

If both parent and child are Medicaid beneficiaries and both have SIS Code 340 "open" on a DSS-5027, staff must code the time spent working with each one. Select SIS Codes based on the actual time spent on each issue rather than dividing up a block of time.

48. What would you open on the DSS-5027 for "3rd track"? Do you need to develop a case plan like 215? What would be the required documentation?

- In addition to SIS Code 340, which allows claiming for activities related to health and behavioral health for children and families, 122 – Family Support Services would be the code added for actual services. Here is the SIS definition:

122 – Family Support Services are community based services to promote the well-being of children and families designed to increase the strength and stability of families (including

adoptive, foster and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and to otherwise enhance child development.

- MAC can be used in conjunction with 122-Family Support Services to provide prevention or step down services to families. They are voluntary services and do require a signature on the DSS-5027.
- There are no new forms for MAC. There does need to be a plan, and there are different options available for documenting a plan.
- Whatever option is utilized, the elements for MAC claiming must be included. These requirements are:
 - Identification of need (NOTE: this is not a diagnosis).
 - A strategy for addressing the need and the resources available.
 - A person responsible for arranging them.
 - Periodic evaluation of the outcomes of the activities.
- These elements can be documented in various tools agencies are now using, or in the narrative.
- Each agency should have a strategy for how the agency will complete the documentation across the agency developed through service staff, business staff, and the agency administration working together.

49. If a child is eligible for 215Z funding, would you carve out chunks of time to MAC?

Yes. Title IV-E and Medicaid are different federal programs that each allow claiming for different activities. You must carve out the health and behavioral health time because MAC is designed to allow claiming for specific activities. The MAC activities are not allowable under Title IV-E.

50. If a beneficiary is receiving ACTT services through the mental health system, may we utilize MAC for a children's services prevention case?

Yes, anyone on the ACTT can select a MAC SIS Code for time spent doing MAC activities. They cannot bill for time spent on direct services.

51. Can any other worker, such as APS, Guardianship, Payee, SAIH, etc., bill allowable MAC activities for a client that is a current CAP beneficiary, since they are not the CAP worker?

Yes. Multiple workers can bill time to MAC for working with a CAP beneficiary when APS, Guardianship, and Special Assistance is provided.

Medicaid Administrative Claiming (MAC) - Adults and Children Compliance Monitoring Tool Instructions

The goal of Medicaid Administrative Claiming MAC - Adults and children (MAC) is to identify and enroll eligible clients into Medicaid, and to refer, coordinate and monitor services covered under the North Carolina Medicaid State Plan (State Plan).

The purpose of this document is to provide instructions to compliance staff in evaluating whether activities performed by County Department of Social Services (CDSS) case managers are appropriately claimed according to the federal regulations governing MAC activities.

I. Referral, Coordination and Monitoring Medical Service (340)

1. Establish if there is documentation that indicates that client is eligible for Medicaid services on the date the staff worker claimed time. A signed day sheet serves as (at a minimum) attestation for an individual being a Medicaid beneficiary. This may also be found in the worker notes, in the eligibility system (if it is available) or other information.

0* = No documentation of eligibility or failure to sign daysheet (digital or otherwise).

2 = Documentation that the client is eligible for Medicaid services.

*Value requires comment on monitoring tool.

2. Locate the DSS-5027.

0 = DSS-5027 not in record.

1 = DSS-5027 in record, but all required fields related to MAC are not complete or not accurate.

2 = DSS-5027 is in the record and all required fields are complete and accurate.

3. Review the case documentation to ensure that activities claimed supported referral, coordination, or monitoring of Medicaid covered services in the State Plan.

0* = A) No documentation present OR,

**Medicaid Administrative Claiming (MAC) - Adults and Children
Compliance Monitoring Tool
Instructions**

B) Documentation does not describe administrative activities that the worker completed to assist an individual access Medicaid services covered under the NC State Medicaid plan.

1* = A) Activities listed described Medicaid covered services, but did not describe the administrative activities that the worker completed to help an individual access Medicaid services OR

B) There were activities that described administrative activities that a worker completed to assist an individual access Medicaid covered services but claim documentation included activities not allowable under Medicaid covered services.

2 = Case documentation fully describes administrative activities completed by the worker to assist an individual to access Medicaid services covered under the NC State Medicaid plan, including referral, coordination and monitoring in accordance with MAC guidelines.

*Value requires comment on monitoring tool.

**II. Arranging Transportation Services for Clients to Access Medicaid Services
(343)**

1. Establish if there is documentation that indicates that client is eligible for Medicaid services on the date the staff worker claimed time. A signed day sheet serves as (at a minimum) attestation for an individual being a Medicaid beneficiary. This may also be found in the worker notes, in the eligibility system (if it is available) or other information.

0* = No documentation of eligibility or failure to sign daysheet (digital or otherwise).

2 = Documentation that the client is eligible for Medicaid services.

*Value requires comment on monitoring tool.

2. Locate the DSS-5027.

**Medicaid Administrative Claiming (MAC) - Adults and Children
Compliance Monitoring Tool
Instructions**

0 = DSS-5027 not in record.

1 = DSS-5027 in record, but not complete or not accurate.

2 = DSS-5027 is in the record and all required fields are complete and accurate.

3. Review the case note narrative to ensure that documentation exists which necessitate activities to arrange for or schedule transportation to Medicaid State Plan Services.

0* = A) No documentation present OR,

B) Documentation does not describe administrative activities that the worker completed to assist an individual access Medicaid services covered under the NC State Medicaid plan.

1* = A) Activities listed described Medicaid covered services, but did not describe the administrative activities that the worker completed to help an individual access Medicaid services OR

B) There were activities that described administrative activities that a worker completed to assist an individual access Medicaid covered services but claim documentation included activities not allowable under Medicaid covered services.

*Value requires comment on monitoring tool.

2 = Case documentation fully describes administrative activities completed by the worker to assist an individual to access Medicaid services covered under the NC State Medicaid plan, including referral, coordination and monitoring in accordance with MAC guidelines.

III. Outreach for Medicaid Services (342):

1. Establish if there is documentation that support outreach for Medicaid services.

**Medicaid Administrative Claiming (MAC) - Adults and Children
Compliance Monitoring Tool
Instructions**

- 0** = No documentation of activities exist in according to MAC guidelines.
- 1** = Documentation exists, but activities of outreach or amount of time to complete the outreach activity is not documented.
- 2** = Documentation of activity and amount of time is in accordance to MAC guidelines

IV. Facilitating an Application for the Medicaid Program (341)

1. Establish if there is documentation that support facilitating an application to the Medicaid Program.

- 0** = No documentation of activities exist in according to MAC guidelines.
- 1** = Documentation exists but activities related to facilitating a Medicaid application is not in accordance to MAC guidelines.
- 2** = Documentation of activities related to facilitating a Medicaid application is in accordance to MAC guidelines

| | | |
|---|--|-------------------------------------|
| Medicaid Administrative Claiming Compliance Monitoring Tool | | CASE NUMBER: |
| | | COUNTY NAME: |
| | | DATE COMPLETED: |
| | | Cumulative Percentage Earned |
| I. Referral, Coordination and Monitoring Medical Service (340) | | 100% |
| 1. Documentation reflects client is an active Medicaid beneficiary at time of claiming for 340 | | 100% |
| 2. Record contains a completed DSS-5027 with SIS Codes for MAC | | 100% |
| 3. Case documentation describes activities to refer, coordinate, or monitor Medicaid services supported by the Medicaid State Plan | | 100% |
| II. Arranging Transportation Services for Clients to Access Medicaid Services (343) | | 100% |
| 1. Documentation reflects client is an active Medicaid beneficiary at time of claiming for 343 | | 100% |
| 2. Record contains a completed DSS-5027 with SIS Codes for MAC | | 100% |
| 3. Case note narratives and other supporting documentation documents activities to arrange for or schedule transportation to Medicaid State Plan services | | 100% |
| III. Outreach for Medicaid Services (342): | | 100% |
| 1. Documentation is available that describes activities related to information about Medicaid services | | 100% |
| IV. Facilitating an Application for the Medicaid Program (341) | | 100% |
| 1. Documentation is available that describes activities related to assisting with a Medicaid application | | 100% |
| Total Percentage | | 100% |

Competencies and Evaluation

TRAINING EVENT: Medicaid Administrative Claiming (MAC) DATE: _____

SITE: _____

Yes/No

____ Did you learn the purpose of MAC?

____ Did you learn how MAC supports Medicaid Services under the NC State Medicaid Plan?

____ Did you learn the four codes of MAC and their descriptions?

____ Did you learn examples of activities that can be provided under MAC?

____ Did you learn example of activities that are not reimbursable under MAC?

____ Did you learn who can receive MAC activities?

Did you learn about or have a better understanding of the purposes of:

____ Assessments as it relates to MAC?

____ Service Planning as it relates to MAC?

____ Monitoring/Follow up as it relates to MAC?

____ Medicaid Outreach as it related to MAC?

____ Facilitating a Medicaid application as it relates to MAC?

(1) Not at all

Completely (5)

Were the objectives of the training clear? 1 2 3 4 5

Comments:

Did the trainer(s) seem knowledgeable? 1 2 3 4 5

Comments:

Were the training methods effective? 1 2 3 4 5

Comments:

What would you have the trainer(s) do differently?

What other information/tools do you need to implement/continue MAC activities?

Other Comments:

Medicaid Administrative Claiming
Test your Knowledge
General Questions (see FAQ for adult and children specific questions)

1. Medicaid Administrative Claiming (MAC) is a case management service
2. Medicaid Administrative Claiming is new to the county DSSs
3. MAC is available to any adult or child who has Medicaid who needs access to Medicaid services under the NC State Medicaid Plan OR is not Medicaid but could benefit through Medicaid Outreach.
4. MAC can be provided in conjunction with other Medicaid Services
5. If you add MAC Codes 340 & 343 to an existing DSS-5027 where another service is already being provided, you must complete a new assessment and service plan
6. You do not have to enter MAC SIS Code 340 & 343 on the DSS-5027
7. You do have to enter MAC SIS Code 342 & 341 on the DSS-5027
8. A signature from an individual is not required on the DSS-5027 when opening an individual for MAC SIS code 340 & 343
9. You do need to have a signature for MAC SIS Code 342 & 341 when opened on the DSS-5027
10. MAC SIS code 340 includes Referral, Coordination and Monitoring of Medical Services
11. MAC SIS Code 343 includes arranging Transportation Services for Client to Access Medicaid Services
12. MAC SIS Code 342 includes bringing persons into the Medicaid system for the purpose of determining eligibility and arranging for the provision of medical/health related services
13. MAC SIS code 341 includes assisting an individual or family to make application for Medicaid or assisting an individual to maintain Medicaid eligibility
14. You can only bill MAC SIS Code 340 and 343 for an individual who needs access to Medicaid services under the NC State Medicaid plan.
15. As a case manager you must know all the services listed under the NC Medicaid State Plan.
16. You can only billed for MAC activities for services **paid** for by Medicaid. (for example, Medicaid would have paid but there was not a Medicaid provider in the area)

(continued on other side)

Medicaid Administrative Claiming
Test your Knowledge
General Questions (see FAQ for adult and children specific questions)

17. _____ You should document in your notes that an individual that is receiving MAC activities needs access to Medicaid Services under the NC Medicaid State plan
18. _____ You should provide all activities to meet a person needs identified on the assessment regardless of whether or not it is connected to accessing Medicaid services
19. _____ Documentation, staff travel, transporting an individual and waiting in the waiting room and arranging/scheduling transportation related to accessing Medicaid services are reimbursable under MAC
20. _____ You can bill all of your time conducting MAC activities even if the entire visit or event is not all about accessing Medicaid services
21. _____ You do not have to document activities under MAC
22. _____ MAC must be billed through NCTracks
23. _____ You must be a social worker in order to provide and bill for services under MAC
24. _____ Counties can contract with other agencies for the provision of MAC activities
25. _____ You have to complete an assessment in order to bill MAC SIS code 340 & 343
26. _____ If you do complete an assessment, then it would be good case management practice to identify ALL the needs and then note which ones are connected to accessing Medicaid services.
27. _____ If you have identified that an individual can benefit from MAC activities and you complete an assessment and service plan, you do not have to complete quarterly reviews since MAC itself does not have any requirements
28. _____ MAC will not be monitored since it is not a service or a program.
29. _____ For MAC SIS Code 342 & 341, you may document the activities in the comment section of the day sheet
30. _____ You do **not** have to separate your MAC documentation from other services in your narratives (or on daysheets)
31. _____ You should always keep your MAC Desk Guide close by so you can see examples of allowable activities under MAC