



SPECTRUM HOME AND COMMUNITY BASED SERVICES (HCBS) CASE MANAGEMENT ROLES AND RELATIONSHIPS

**Fall Provider Training
October 2015**

ROLES AND RELATIONSHIPS

Senior and Long Term Care HCBS Big Sky Waiver Case Managers

- Contracted case management through an RFP process with the State of Montana, Senior and Long Term Care Division.
- Allocated waiver slots and budget per case management service area/counties.
- Serves individuals who are elderly and physically disabled.
- HCBS offices in Kalispell, Polson, Great Falls, Lewistown, Billings, Bozeman, and Butte.



ROLES AND RELATIONSHIPS

Addictive and Mental Disorders Division (AMDD) HCBS SDMI Waiver Case Managers

- Contracted Case Management through agreement with AMDD.
- Allocated waiver slots and budget per case management service area/counties.
- Serves individuals with Severe Disabling Mental Illness (SDMI).
- HCBS SDMI offices in Great Falls, Billings, Butte, and Kalispell.



ROLES AND RELATIONSHIPS

Community First Choice Plan Facilitator

- Contracted plan facilitator for HCBS waiver consumers.
- Applies to both SLTC and AMDD waivers.
- Role applies to any consumer admitted to these waivers.
- Role is in conjunction with role of case manager.



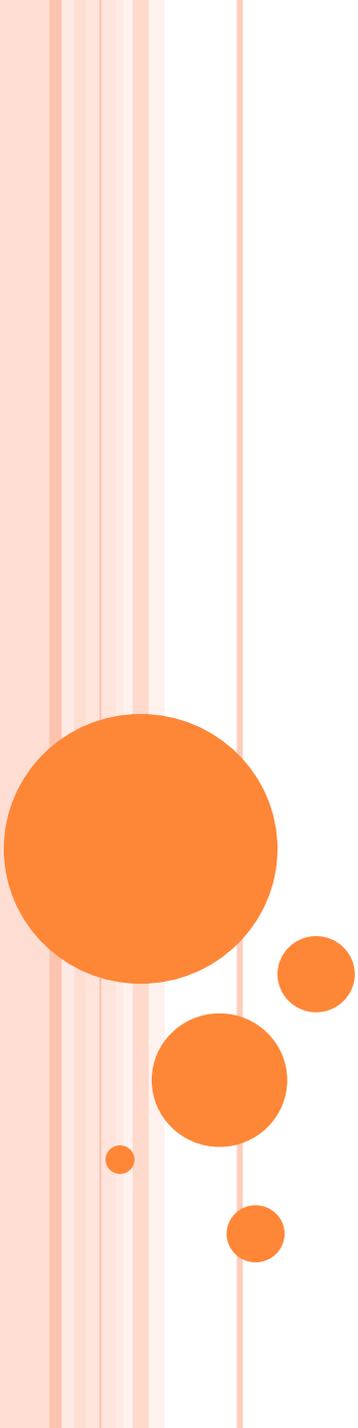
ROLES AND RELATIONSHIPS

Money Follows the Person (MFP)

Regional Transition Coordinator

- Non-contracted role provided in conjunction with the MFP grant project.
- Role assists consumers with pre-transition work from institutional settings to the community.
- Medicaid eligibility and waiver criteria apply.
- Demonstration services available beyond waiver services.





Prior Authorization Process

Payment Processing

HOW DOES IT WORK?

- Providers of Home and Community Based Services must be enrolled as a Medicaid provider.
- Who authorizes services?
 - HCBS case manager creates a prior authorization number and sends to provider on a referral.
 - What is a prior authorization (PA)?

PA is the approval process required before certain services or supplies are paid by Medicaid. PA must be obtained **before** providing the service or supply.



HOW DOES IT WORK?

Continued

- HCBS case manager inputs prior authorization into Medicaid Management Information System (MMIS) for the provider to be able to bill and be paid.
- MMIS is the claims processing system for Montana Healthcare Programs, including Medicaid, Healthy Montana Kids *Plus*, Mental Health Services Plan, Presumptive Eligibility, and Breast/Cervical Cancer clients.



HOW DOES IT WORK?

What does a referral include?

- Provider's name and provider number
- Consumer's name, address, telephone number, and date of birth
- Consumer's Medicaid ID number
- Consumer's primary diagnosis and ICD-10 code
- Primary physician information
- Prior authorization number and date span
- Procedure code for specific service
- Dollar amount or number of units and date span for each service
- Any comments that would benefit provider
- Case management contact person and telephone number



BECOMING AN HCBS PROVIDER

- CMT can assist with this process. To become an HCBS provider, go to <http://medicaidprovider.mt.gov>.
- Payment to provider can be affected by several factors:
 - The consumer must be Medicaid-eligible the month services are rendered.
 - The date span must be entered correctly (and not previously billed for that date span).
 - The diagnosis code must be exact (including any zeros. Example: 250.00
 - The units billed cannot be greater than the units authorized

