



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

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Director

**MEMORANDUM**

Date: August 5, 2013

To: CAP/DA Lead Agencies

From: WRenia Bratts-Brown, CAP/DA and PACE Program Manager *WBB*

Through: Sabrena Lea, Acting Assistant Director Home and Community Care *SL*

**Subject: Change Amendment to Case Management Annual Limitation Policy as effective November 1, 2011**

The case management annual hours limitation policy was originally implemented on November 1, 2011 with a maximum allotment of 42 hours (168 units) of case management over a rolling 365-day period. With this change amendment, each Lead Agency will be allotted 42 hours (168 units) annually of case management time for each eligible CAP/DA beneficiary under a calendar year (January-December) authorization period instead of a rolling 365-day calendar. The calendar year authorization period begins each January 1<sup>st</sup> and ends each December 31<sup>st</sup>. The calendar year case management allotment will automatically activate on the first date of service eligibility for all CAP/DA beneficiaries and will automatically reset on each January 1<sup>st</sup>. For instance, if the first claim for case management or care advisement services (T1016 or T2041) is for the date of service of 11/6/2012, the calendar year authorization period will be 11/6/2012 through 12/31/2012.

This case management allotment procedural change does not increase the number of case management hours/units per year nor allow the proration of case management time dating back to November 1, 2011. The calendar year allotment change will continue to allow Lead Agencies more flexibility in administering the four core functions of case management (assessing, planning, monitoring, referring and linking/following-up) based on each beneficiary's needs as long as these hours or units do not exceed the 42 hour (168 units) limit within a calendar year.

Each time the Lead Agency files a claim for case management or care advisement services using service codes T1016 and T2041, case management units will be deducted from the 42 hour (168 units) balance until the balance becomes zero. When the balance becomes zero, all future claims against service codes T1016 and T2041 will be denied until the calendar-year authorization period ends. Any hours/units not used within the calendar year will be forfeited. On January 1<sup>st</sup> of each calendar year, the 42 hour limit (168 units) starts over. The service codes of T1016SC and T2041SC were end dated on October 31, 2011.

Instructions in implementing the calendar year case management limitation policy:

1. The case management policy amendment change is effective November 1, 2011. Each CAP/DA beneficiary was allotted 42 hours/168 units of case management time starting from 11/1/2011 through 12/31/2011. The new calendar allotment of case management time became available on January 1, 2012.

www.ncdhhs.gov • www.ncdhhs.gov/dma  
Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Dorothea Dix Hospital Campus • Raleigh, NC 27603  
Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501  
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2. Review all case management claims starting January 1, 2012 through December 31, 2012 to assure consistency with the case management policy amendment change. This review will assure accurate Medicaid claim filling for case management.
3. The CAP/DA POC is planned per month as per CAP/DA policy and must reflect both CM-assessment time and routine case management or care advisement time. To reflect case management time on the POC, the cost summary shall have two separate line items, CM-assessment time and monthly case management or care advisement time. The CM-assessment line item will reflect the total time used by the SW and RN to complete the assessment which includes the home visit, time completing the assessment and the time it takes to confirm information gathered during the assessment. The CM-assessment time will continue to be prorated over 12-months. The monthly case management or care advisement line item will continue to reflect a monthly anticipated number of hours. Three hours per month is the maximum number of hours any one beneficiary could potentially receive to remain within the calendar year case management allotment.

It is imperative for Lead Agencies to keep track of all case management claims utilized during the calendar-year authorization period to remain within the policy limitation. The Lead Agency must track the number of hour/units used and remaining in order to ensure not to run out of case management hours before the end of the calendar-year authorization period. A helpful technique of monitoring and tracking utilized case management time is through one of the four core functions of CAP/DA case management or care advisement. This function includes reviewing case management claims expended per month for each beneficiary. When the case manager is performing this function, track the service claims utilization rate of T1016 or T2041 per month on a tracking sheet and archive that sheet in the beneficiary's file. At each quarterly review, the case manager shall review the number of hours/units used in order to plan case coordination accordingly. Additional hours will not be granted unless approved under EPSDT for CAP/DA participants ages 18-21. The current EPSDT policies remain in effect.

For additional guidance in implementing and understanding the annual case management change amendment contact your assigned CAP/DA consultant directly; you are able to reach your consultant by electronic mail or telephone. Their contact information is listed below:

Antoinette Allen-Pearson- [antoinette.allen-pearson@dhhs.nc.gov](mailto:antoinette.allen-pearson@dhhs.nc.gov) or 919-855-4361

Joanna Isenhour- [Joanna.isenhour@dhhs.nc.gov](mailto:Joanna.isenhour@dhhs.nc.gov) or 828-424-1224

Edwina W. Thompson- [Edwina.thompson@dhhs.nc.gov](mailto:Edwina.thompson@dhhs.nc.gov) or 919-855-4370