

**XXXX Agency
CAP/C Case Management Policies and Procedures**

Policy Number:

Subject: Billing of ‘Assessment Only’ Visits

I. PURPOSE:

Some potential CAP/C recipients receive assessments but are not ultimately approved for CAP/C participation. If the recipient does not have MAD, MAB, I-AS or H-SF without CAP participation, the case management agency performing the assessment can not bill Medicaid for that assessment. This policy describes how the cost of these “assessment only” visits will or will not be recouped.

II. POLICY:

XXXX Agency will bill the recipient for “assessment only” visits not paid by Medicaid.

III. PROCEDURE:

<u>Procedure</u>	<u>Responsible Party</u>
1. If a family is approved for an assessment or an “assessment anyway” and that family does not have an appropriate category of Medicaid as stated above, the case manager informs the family both verbally and in writing that they will be billed for the assessment (stating the approximate cost) if their child’s participation is denied.	1. Case Manager
2. The amount billed will be equivalent to the number of 15 minute units of case management used times the current reimbursement rate for case management.	2. Case Manager Division of Finance
3. If the family is unable to pay in full, a payment plan can be arranged by contacting the Division of Finance.	3. Case Manager Division of Finance
4. Families who proceed with an assessment after being informed of associated assessment fees sign an acknowledgement of the agreed upon charges and payment plan prior to the assessment being scheduled.	4. Case Manager Division of Finance
5. The case manager coordinates with the Division of Finance to generate an invoice for the family upon completion of the assessment	5. Case Manager Division of Finance
6. The case manager documents all conversations with the family regarding	6. Case Manager

assessment and fees.

SAMPLE

Effective Date	Revision Date	Reviewed By