DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

DEC - 4 2007

TO: Kerry Weems
Acting Administrator
Centers for Medicare & Medicaid Services

FROM: Daniel R. Levinson
Inspector General

SUBJECT: Review of Medicaid Targeted Case Management Services Provided by the Maine Bureau of Child and Family Services During Federal Fiscal Years 2002 and 2003 (A-01-05-00004)

Attached is an advance copy of our final report on targeted case management (TCM) services provided by the Maine Bureau of Child and Family Services (Family Services) during Federal fiscal years (FY) 2002 and 2003. We will issue this report to the Maine Department of Health and Human Services (the State agency) within 5 business days.

Section 1905(a)(19) of the Social Security Act (the Act) authorizes State Medicaid agencies to provide case management services to Medicaid beneficiaries. Section 1915(g)(2) of the Act defines case management services as "services that will assist individuals eligible under the [State] plan in gaining access to needed medical, social, educational, and other services." A 2001 Centers for Medicare & Medicaid Services letter to State Medicaid directors refers to case management services as TCM when the services are furnished to specific populations in a State. The letter provides that allowable TCM services for Medicaid-eligible beneficiaries include assessment of the beneficiary to determine service needs, development of a specific care plan, referral to needed services, and monitoring and followup of needed services. The letter specifies that allowable Medicaid case management services do not include direct medical, educational, or social services to which the Medicaid-eligible individual has been referred.

In Maine, Family Services provides foster care, adoption, and other child protection services. These services include TCM services for Medicaid-eligible children who have been referred to Social Services as potentially abused or neglected or who are receiving services from Family Services after having been determined to be abused or neglected or at risk of being abused or neglected. The Federal programs enacted to assist States in paying the costs of direct foster care, adoption, and other child protection services include Titles IV-B, IV-E, and XX of the Act.

Our objective was to determine whether the costs that the State agency claimed for Medicaid TCM services provided by Family Services during FYs 2002 and 2003 were in accordance with Federal and State requirements.

The costs that the State agency claimed for Medicaid TCM services provided by Family Services during FYs 2002 and 2003 were not always in accordance with Federal and State requirements. The State agency claimed $56,601,100 in costs for TCM services when the actual Medicaid costs were only $46,610,115, resulting in excess reimbursement of $9,990,985. In addition, the incurred costs claimed included $22,152,551 in nonreimbursable salaries and related costs for direct social services and $12,070,279 in nonreimbursable salaries and related costs for administrative services.

As a result, the State agency overstated TCM costs by a total of $44,213,815 ($29,759,384 Federal share). We attribute this overstatement to the State agency's insufficient procedures for ensuring that Medicaid TCM costs were reasonable, allowable, and allocable, in accordance with Federal requirements.

We were unable to express an opinion on the remaining $12,387,285 ($8,327,896 Federal share) claimed. This amount was for TCM-type activities related to assisting beneficiaries in gaining further access to needed medical, educational, or social services. However, we were not able to separate the costs of these activities from the costs that Family Services potentially recovered for providing these same services under other Federal programs.

We recommend that the State agency:

- refund to the Federal Government $29,759,384 in unallowable costs claimed for TCM services;

- work with the Centers for Medicare & Medicaid Services to determine the allowability of the $8,327,896 Federal share on which we were unable to express an opinion;

- identify and refund to the Federal Government any TCM costs that represent excessive reimbursement, direct social services, and nonreimbursable administrative costs reimbursed after our audit period; and

- establish procedures to ensure that claims for Medicaid TCM reimbursement include only allowable and adequately documented TCM costs.

In its comments on our draft report, the State agency disagreed with our findings and recommendations. We maintain that our findings and recommendations are correct and need no modification.

If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact George M. Reeb, Assistant Inspector General for the Centers for Medicare & Medicaid Audits, at (410) 786-7104 or through e-mail at George.Reeb@oig.hhs.gov,

or Michael J. Armstrong, Regional Inspector General for Audit Services, Region I, at (617) 565-2689 or through e-mail at Michael.Armstrong@oig.hhs.gov. Please refer to report number A-01-05-00004 in all correspondence.

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF INSPECTOR GENERAL

Office of Audit Services
Region I
John F. Kennedy Federal Building
Boston, MA 02203
(617) 565-2684

DEC - 7 2007

Report Number: A-01-05-00004

Ms. Brenda M. Harvey
Commissioner
Maine Department of Health and Human Services
11 State House Station
221 State Street
Augusta, Maine 04333

Dear Ms. Harvey:

Enclosed is the U.S. Department of Health and Human Services, Office of Inspector General (OIG), final report entitled "Review of Medicaid Targeted Case Management Services Provided by the Maine Bureau of Child and Family Services During Federal Fiscal Years 2002 and 2003." We will forward a copy of this report to the HHS action official noted on the following page for review and any action deemed necessary.

The HHS action official will make final determination as to actions taken on all matters reported. We request that you respond to this official within 30 days from the date of this letter. Your response should present any comments or additional information that you believe may have a bearing on the final determination.

Pursuant to the principles of the Freedom of Information Act, 5 U.S.C. § 552, as amended by Public Law 104-231, OIG reports generally are made available to the public to the extent the information is not subject to exemptions in the Act (45 CFR part 5). Accordingly, within 10 business days after the final report is issued, it will be posted on the Internet at http://oig.hhs.gov.

If you have any questions or comments about this report, please do not hesitate to call me, or contact Curtis Roy, Audit Manager, at (617) 565-9281 or through e-mail at Curtis.Roy@oig.hhs.gov. Please refer to report number A-01-05-00004 in all correspondence.

Sincerely,

Michael J. Armstrong
Regional Inspector General
for Audit Services

Enclosure

Direct Reply to HHS Action Official:

Ms. Jackie Garner
Consortium Administrator
Centers for Medicare & Medicaid Services, Region V
233 North Michigan Avenue, Suite 600
Chicago, IL 60601

Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

REVIEW OF MEDICAID TARGETED CASE MANAGEMENT SERVICES PROVIDED BY THE MAINE BUREAU OF CHILD AND FAMILY SERVICES DURING FEDERAL FISCAL YEARS 2002 AND 2003

Daniel R. Levinson
Inspector General

December 2007
A-01-05-00004

Office of Inspector General

http://oig.hhs.gov

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In accordance with the principles of the Freedom of Information Act (5 U.S.C. 552, as amended by Public Law 104-231), Office of Inspector General, Office of Audit Services reports are made available to members of the public to the extent the information is not subject to exemptions in the act. (See 45 CFR part 5.)

OAS FINDINGS AND OPINIONS

The designation of financial or management practices as questionable or a recommendation for the disallowance of costs incurred or claimed, as well as other conclusions and recommendations in this report, represent the findings and opinions of the HHS/OIG/OAS. Authorized officials of the HHS divisions will make final determination on these matters.

EXECUTIVE SUMMARY

BACKGROUND

Title XIX of the Social Security Act (the Act) authorizes Federal grants to States for Medicaid programs that provide medical assistance to low-income individuals and persons with disabilities. Section 1905(a)(19) of the Act authorizes State Medicaid agencies to provide case management services to Medicaid beneficiaries. Section 1915(g)(2) of the Act defines case management services as "services that will assist individuals eligible under the [State] plan in gaining access to needed medical, social, educational, and other services." A 2001 Centers for Medicare & Medicaid Services (CMS) letter to State Medicaid directors refers to case management services as targeted case management (TCM) when the services are furnished to specific populations in a State. The letter provides that allowable TCM services for Medicaid-eligible beneficiaries include assessment to determine service needs, development of a specific care plan, referral to needed services, and monitoring and followup of needed services. The letter specifies that allowable Medicaid case management services do not include direct medical, educational, or social services to which the Medicaid-eligible individual has been referred. Furthermore, the CMS "State Medicaid Program Manual" specifies that the Federal Government does not share in the administrative cost of the services or programs to which the beneficiaries are referred.

In Maine, the Bureau of Child and Family Services (Family Services) provides services, including TCM services, to Medicaid-eligible children and adults who have been referred to Family Services as potentially abused or neglected or who are receiving services from Family Services after having been determined to be abused or neglected or at risk of being abused or neglected. The Federal programs enacted to assist States in paying the costs of direct foster care, adoption, and other child protection services include Titles IV-B, IV-E, and XX of the Act.

For Federal fiscal years (FY) 2002 and 2003, Family Services claimed $56,601,100 ($38,087,280 Federal share) in Medicaid TCM reimbursement through the Maine Department of Health and Human Services (the State agency).

OBJECTIVE

Our objective was to determine whether the costs that the State agency claimed for Medicaid TCM services provided by Family Services during FYs 2002 and 2003 were in accordance with Federal and State requirements.

SUMMARY OF FINDINGS

The costs that the State agency claimed for Medicaid TCM services provided by Family Services during FYs 2002 and 2003 were not always in accordance with Federal and State requirements. The State agency claimed $56,601,100 in costs for TCM services when the actual Medicaid costs were only $46,610,115, resulting in excess reimbursement of $9,990,985. In addition, the incurred costs claimed included $22,152,551 in nonreimbursable salaries and related costs for direct social services and $12,070,279 in nonreimbursable salaries and related costs for administrative services.

As a result, the State agency overstated TCM costs by a total of $44,213,815 ($29,759,384 Federal share). We attribute this overstatement to the State agency's insufficient procedures for ensuring that Medicaid TCM costs were reasonable, allowable, and allocable, in accordance with Federal requirements.

We were unable to express an opinion on the remaining $12,387,285 ($8,327,896 Federal share) claimed. This amount was for TCM-type activities related to assisting beneficiaries in gaining further access to needed medical, educational, or social services. However, we were not able to separate the costs of these activities from the costs that Family Services potentially recovered for providing these same services under other Federal programs.

RECOMMENDATIONS

We recommend that the State agency:

- refund to the Federal Government $29,759,384 in unallowable costs claimed for TCM services;

- work with CMS to determine the allowability of the $8,327,896 Federal share on which we were unable to express an opinion;

- identify and refund to the Federal Government any TCM costs that represent excessive reimbursement, direct social services, and nonreimbursable administrative costs reimbursed after our audit period; and

- establish procedures to ensure that claims for Medicaid TCM reimbursement include only allowable and adequately documented TCM costs.

STATE AGENCY'S COMMENTS AND OFFICE OF INSPECTOR GENERAL'S RESPONSE

In its comments on our draft report, the State agency disagreed with our findings and recommendations. The State agency presented several rationales to support its position that all of the services that it claimed as TCM were allowable. The State agency's comments are included as the Appendix.

We maintain that our findings and recommendations are correct and need no modification.

TABLE OF CONTENTS

INTRODUCTION

BACKGROUND

Title XIX of the Social Security Act (the Act) authorizes Federal grants to States for Medicaid programs that provide medical assistance to low-income individuals and persons with disabilities. The Centers for Medicare & Medicaid Services (CMS) administers the Medicaid program for the Federal Government. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing its State plan and operating its Medicaid program, it must comply with applicable Federal requirements.

Medicaid Targeted Case Management Services

Section 1905(a)(19) of the Act authorizes State Medicaid agencies to provide case management services to Medicaid beneficiaries. Section 1915(g) of the Act defines Medicaid case management as "services that will assist individuals eligible under the [State] plan in gaining access to needed medical, social, educational, and other services." CMS's State Medicaid Director Letter 01-013 (the letter), issued January 19, 2001, refers to case management services as targeted case management (TCM) when the services are furnished to specific populations in a State. The letter provides that activities commonly understood to be allowable TCM for Medicaid-eligible beneficiaries include assessment to determine service needs, development of a specific care plan, referral to needed services, and monitoring and followup of allowable services. The letter specifies that allowable TCM services do not include direct medical, educational, or social services to which the Medicaid-eligible individual has been referred. Furthermore, the CMS "State Medicaid Manual" specifies that the Federal Government does not share in the administrative cost of the services or programs to which the beneficiaries are referred.

Maine Department of Health and Human Services

The Maine Department of Health and Human Services (the State agency) administers the Medicaid program. The State agency submits Form CMS-64, "Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program," to summarize, by category of service, Medicaid expenditures for Federal reimbursement.

Maine Bureau of Child and Family Services

The primary goal of the Maine Bureau of Child and Family Services (Family Services) is to protect children reported to have been abused or neglected and to support and assist parents in safely caring for and protecting their children. Maine law requires Family Services to provide and administer a comprehensive social service program, including child welfare services and adult protective services. These services include client intake and assessment, development of a plan of care, service coordination and advocacy, monitoring of the client, evaluation of the appropriateness of the plan of care, and foster care and adoption services. The Federal programs that provide funding to Family Services to assist in paying the costs of direct foster care,

adoption, and other child protection services include Titles IV-B (Child and Family Services), IV-E (Foster Care and Adoption Assistance), and XX (Block Grants to States for Social Services) of the Act.

Family Services activities include TCM services for Medicaid-eligible children who have been referred to Family Services as potentially abused or neglected or who are receiving services from Family Services after having been determined to be abused or neglected or at risk of being abused or neglected. Family Services receives referrals from sources such as law enforcement, educational, and medical professionals.

Family Services officials told us that they had calculated a reimbursement rate for TCM services of more than $1,000 per month in 1996 but that CMS had found this rate unacceptably high. That same year, according to the officials, Family Services and regional CMS officials agreed verbally to a lower TCM rate. This monthly rate of $720 was based neither on costs nor on a mathematical calculation. However, neither Family Services nor CMS officials were able to provide any documentation of this agreement. The $720 base rate has been adjusted annually for inflation, resulting in rates of $864 and $881 for Federal fiscal year (FY) 2002 and $881 and $899 for FY 2003. (Each year had two rates because the State FY differs from the Federal FY.)

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to determine whether the costs that the State agency claimed for Medicaid TCM services provided by Family Services during FYs 2002 and 2003 were in accordance with Federal and State requirements.

Scope

We reviewed TCM services that Family Services provided during Federal FYs 2002 and 2003 (October 1, 2001, through September 30, 2003). On behalf of Family Services, the State agency claimed TCM services totaling $56,601,100 ($38,087,280 Federal share) for 64,126 beneficiary months during this period.[1]

We limited consideration of the internal control structure of Family Services to those controls related to claims processing because the objective of our review did not require an understanding or assessment of the complete internal control structure. Further, we concluded that our review of the State agency's internal control structure could be conducted more efficiently by substantive testing.

We performed our fieldwork from April through November 2005 at the Family Services offices in Augusta, Maine.

[1]A beneficiary month represents all TCM services provided to a beneficiary during a given month.

Methodology

To accomplish our objective, we:

- reviewed Federal and State laws, Federal guidance, and the State plan regarding Medicaid reimbursement for TCM services;

- interviewed CMS, State agency, and Family Services officials;

- compiled a file of TCM services that Family Services provided during FYs 2002 and 2003 from the CMS Medicaid Statistical Information System;

- reconciled the file of TCM services to the CMS-64 forms that the State agency submitted for the audit period;

- reviewed the FYs 2002 and 2003 Family Services costs, totaling $46 million, to determine whether these costs were allocable and allowable as TCM costs;

- reviewed the documentation for 604 services provided to 99 beneficiaries in 100 randomly selected beneficiary months and billed to Medicaid as TCM and determined the amount of time social workers spent on the different services; and

- examined the qualifications of the providers who provided TCM services during the 100 beneficiary months.

We conducted our review in accordance with generally accepted government auditing standards.

FINDINGS AND RECOMMENDATIONS

The costs that the State agency claimed for Medicaid TCM services provided by Family Services during FYs 2002 and 2003 were not always in accordance with Federal and State requirements. The State agency claimed $56,601,100 in costs for TCM services when the actual Medicaid costs were only $46,610,115, resulting in excess reimbursement of $9,990,985. In addition, the incurred costs claimed included $22,152,551 in nonreimbursable salaries and related costs for direct social services and $12,070,279 in nonreimbursable salaries and related costs for administrative services.

As a result, the State agency overstated TCM costs by a total of $44,213,815 ($29,759,384 Federal share). We attribute this overstatement to the State agency's insufficient procedures for ensuring that Medicaid TCM costs were reasonable, allowable, and allocable, in accordance with Federal requirements.

We were unable to express an opinion on the remaining $12,387,285 ($8,327,896 Federal share) claimed. This amount was for TCM-type activities related to assisting beneficiaries in gaining further access to needed medical, educational, or social services. However, we were not able to

separate the costs of these activities from the costs that Family Services potentially recovered for providing these same services under other Federal programs.

FEDERAL AND STATE REQUIREMENTS

Federal Law and Circular

Section 1905(a)(19) of the Act authorizes State Medicaid agencies to provide case management services to Medicaid beneficiaries. Section 1915(g)(2) defines Medicaid case management as services that assist beneficiaries in gaining access to needed medical, social, educational, and other services.

House Report Number 453, 99th Congress, 1st Session, page 546, which accompanies Public Law 99-272, emphasizes that payment for case management services under section 1915(g) of the Act must not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

Office of Management and Budget Circular A-87, Attachment A, section C.1, states that to be allowable under Federal awards, costs must be necessary and reasonable for the proper and efficient performance and administration of the Federal awards.

State Medicaid Manual

The CMS "State Medicaid Manual," section 4302.2(G)(1), states:

> Although FFP may be available for case management activities that identify the specific services needed by an individual, assist recipients in gaining access to these services, and monitor to assure that needed services are received, FFP is not available for the cost of these specific services unless they are separately reimbursable under Medicaid. Also, FFP is not available for the cost of the administration of the services or programs to which recipients are referred.

Letter to State Medicaid Directors

CMS's letter, issued January 19, 2001, refers to case management services as TCM when the services are furnished to specific populations in a State. The letter provides that activities commonly understood to be allowable TCM services for Medicaid-eligible beneficiaries include assessment to determine service needs, development of a specific care plan, referral to needed services, and monitoring and followup of needed services. The letter further states that Medicaid case management services do not include payment for the provision of direct services (medical, educational, or social) to which the Medicaid-eligible individual has been referred.

The letter then provides examples of direct foster care services that may not be claimed as Medicaid case management, including "research gathering and completion of documentation required by the foster care program, assessing adoption placements, recruiting or interviewing

potential foster care parents, serving legal papers, home investigations, providing transportation, administering foster care subsidies, and making placement arrangements."

State Law

Maine Public Law 2003, Chapter 689, part A, requires Family Services to provide and administer a comprehensive child welfare and adult protective service program including, but not limited to, economic assistance and employment support services, protective services for children and adults, and mental health and behavioral health services.

State Plan

State plan amendment 01-015, effective October 1, 2001, and amendment 03-007, effective July 1, 2003, cover TCM services provided by Family Services. Both amendments state that case management services include client intake and assessment, development of a plan of care, service coordination and advocacy, monitoring of the client, and evaluation of the appropriateness of the plan of care. The amendments further state that "all payment rates for case management services are cost based with the following two exceptions: (a) Case management services for individuals with disabilities and asthma: payment is based on the established fee schedule; (b) Case management services for children age birth through five: payment is based on the established fee schedule."[2]

UNALLOWABLE TARGETED CASE MANAGEMENT COSTS

Contrary to Federal and State requirements, the State agency's $56,601,100 claim for TCM services exceeded by $9,990,985 the $46,610,115 that Family Services actually incurred, according to Family Services' accounting records, to provide services to Medicaid beneficiaries. In addition, the incurred costs claimed included $22,152,551 in nonreimbursable salaries and related costs for direct social services and $12,070,279 in nonreimbursable salaries and related costs for administrative services.

Excessive Reimbursement

Office of Management and Budget Circular A-87, Attachment A, section C.1, states that costs claimed for Federal reimbursement must be necessary and reasonable for proper and efficient performance and administration of the Federal awards. Further, the State plan requires case management services to be cost based.

Based on undocumented monthly rates, the State agency claimed $56,601,100 for TCM services provided by Family Services. The Family Services accounting records, however, showed that Family Services incurred only $46,610,115 to provide services to Medicaid beneficiaries. We are questioning the $9,990,985 difference because these costs were not incurred (i.e., "cost-based") for Medicaid beneficiaries and therefore were not necessary and reasonable.

[2]These two exceptions were not included in our audit. These target groups receive case management services from other State agencies.

Direct Social Service Costs

The CMS "State Medicaid Manual," section 4302.2(G)(1) and its January 2001 letter preclude reimbursement for the costs of direct social services.

Our review of a random sample of 100 beneficiary months containing 604 services provided to 99 beneficiaries found that Family Services social workers spent 52 percent of their time in FY 2002 and 61 percent in FY 2003 performing services that did not meet the definition of TCM. Instead, the services were direct social services to which Medicaid-eligible individuals had been referred and for which Medicaid reimbursement is specifically precluded. Based on the percentages of unallowable services in our sample, we determined that the State agency claimed $22,152,551 in salaries and related costs for direct social services provided by Family Services.

Of the 99 beneficiaries in our sample, 76 were enrolled in Maine's foster care program. The following case note, which was submitted as support for an $864 Federal Medicaid claim, exemplifies a direct service performed by a social worker for a Medicaid beneficiary who was in foster care:

> I contacted Steve and Angela today to see if they would still be interested in the adoption of Clarisse. Angela told me that indeed they were, but they had thought she was already with a family. I explained the situation and how it didn't work out and that we really wanted to take it slow, but that I had originally considered them and wanted to give them the option again. Angela said that she would love to start the process and that they were definitely interested. I told her that we would be taking it slow and that I would let her know the next steps as they came, but that we would probably start with a few visits spaced out and at BC. She agreed. I told her I would call Julie Jones at BC and she would get in touch with Angela. I called Julie and told her the situation. She agreed that it was a good idea and that we would take it much slower than the last situation. She stated that she would contact Angela soon.[3]

Direct foster care services, including assessing adoption placements, may not be claimed as Medicaid case management. Specifically, CMS's letter states that "if a child has been referred to a state foster care program, any activities performed by the foster care worker that relate directly to the provision of foster care services cannot be covered as case management . . . . we view the following activities as part of the direct delivery of foster care services . . . assessing adoption placements, recruiting or interviewing potential foster care parents . . . . "

Administrative Costs

Section 4302(G)(1) of the CMS "State Medicaid Manual" states that Federal TCM reimbursement is not available for the administrative costs of services or programs to which Medicaid beneficiaries are referred.

[3]Names have been altered for confidentiality.

The State agency's costs included $12,070,279 in administrative costs incurred by Family Services. These costs were related to the overall operation of Family Services and the administration of all Federal awards that Family Services received. Examples included clerical salaries, mileage, unfunded retirement liability, and cellular phone service. Because these costs were not related to a specific medical assistance service but rather were "administrative costs of services or programs to which Medicaid beneficiaries are referred," they were not eligible as TCM costs.

POTENTIALLY UNALLOWABLE TARGETED CASE MANAGEMENT COSTS

The remaining $12,387,285 of the total $56,601,100 that the State agency claimed consisted of costs for TCM-type activities related to assisting beneficiaries in gaining further access to needed medical, educational, or social services. Other Federal programs, such as Titles IV-B, IV-E, and XX of the Act, also reimburse States in part for the costs of providing similar services, including child protection, foster care, and adoption.

For example, a case note submitted as partial support for a $864 Federal Medicaid claim for a beneficiary enrolled in the Medicaid managed care organization stated:

> Call with [a group home]. They are concerned that she is complains [*sic*] a lot about physical ailments. They are not sure how legitimate her complaints are. She says she doesn't feel good and her back hurts. They said that her father has only come to visit once on the court date but that they had phone contact. She has some issues around eating, she doesn't eat much. She has a court date on the 19th. We talked about perhaps having her transfer to a group home in this area.

Monitoring the physical well-being of the beneficiary exemplifies an activity that may be covered by Medicaid as TCM but is also a service provided to a child under the Titles IV-B, IV-E, and XX programs. We could not determine which Federal program was paying for this service—or whether several were—because the State agency did not have a system for separating TCM services and related costs reimbursable under Medicaid from those reimbursed under other Federal programs.

Medicaid managed care is an additional means through which the Federal Government reimburses States for the costs of case management activities. In the example above, the beneficiary was enrolled in the Medicaid managed care organization, which provides comprehensive primary care case management. Of the 99 beneficiaries in our sample, 47 were enrolled in a managed care organization at some time during the year in which they received TCM services. Of these 47 beneficiaries, 41 received a TCM service in the same month that they were also enrolled in a managed care organization. According to Maine's contract with Medicaid managed care organizations, the organizations must provide medical case management services to their membership. However, the State agency did not indicate that any of these services were also furnished by the Medicaid managed care organizations in which these children were enrolled.

We are concerned that the Federal Government could potentially be reimbursing the State agency three times for the costs of these TCM-type activities: through Medicaid TCM, through Federal child assistance programs such as Title IV-E, and through Medicaid managed care organizations. Because we were not able to separate the costs of these activities from the costs that Family Services potentially recovered for providing these same services under other Federal programs, we were unable to express an opinion on the remaining $12,387,285 ($8,327,896 Federal share) claimed by the State agency.

CAUSE OF OVERSTATED CLAIMS

The State agency did not establish procedures to ensure that Medicaid TCM costs were reasonable, allowable, and allocable, in accordance with Federal requirements.

FEDERAL OVERPAYMENT AND POTENTIAL OVERPAYMENT

The State agency overstated the costs of TCM services claimed by a total of $44,213,815 ($29,759,384 Federal share). We determined this by calculating a new TCM reimbursement rate based on the documented costs with the unallowable costs removed. We could not determine the allowability of the remaining $12,387,285 ($8,327,896 Federal share) claimed for assessment of service needs, development of a specific care plan, referral to needed services, and monitoring and followup. Although these services may appear to constitute allowable TCM services under existing policy, we identified a significant risk that these services may have already been reimbursed under other Federal programs because we could not separate these activities from the direct services that Family Services provides pursuant to other Federal and State laws.

RECOMMENDATIONS

We recommend that the State agency:

- refund to the Federal Government $29,759,384 in unallowable costs claimed for TCM services;

- work with CMS to determine the allowability of the $8,327,896 Federal share on which we were unable to express an opinion;

- identify and refund to the Federal Government any TCM costs that represent excessive reimbursement, direct social services, and nonreimbursable administrative costs reimbursed after our audit period; and

- establish procedures to ensure that claims for Medicaid TCM reimbursement include only allowable and adequately documented TCM costs.

STATE AGENCY'S COMMENTS AND OFFICE OF INSPECTOR GENERAL'S RESPONSE

In its comments on our draft report, the State agency disagreed with our findings and recommendations. The State agency's comments are presented in the Appendix. A summary of the State agency's comments follows, along with our response.

Excessive Reimbursement

State Agency's Comments

The State agency stated that its $56,601,100 claim for TCM services was based on a rate that CMS agreed to at a meeting in 1996. The State agency said that it had submitted cost of living increases to the original reimbursement rate and that CMS had paid the original rate plus the cost of living increases.

The State agency pointed out that it had relied on the authority of CMS officials to determine that the original TCM reimbursement rate was in accordance with all applicable Federal rules and regulations. It maintained that, in view of this longstanding agreement, we had no basis for recommending a refund.

The State agency noted that in September 2006 it submitted to the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), a new cost allocation plan that is more reflective of actual time billed to various funding sources, including TCM and Title IV-E. The State agency said that, effective July 1, 2006, it bills for TCM in accordance with this proposed plan.

Office of Inspector General's *Response*

Maine's approved State plan provides that payment rates for the TCM services we examined are cost based. The State agency provided no cost data to support its rates. Section 1903(a) of the Act requires States to claim the cost of medical assistance in accordance with their approved State plans. The HHS Departmental Appeals Board (DAB) has established that, when the State pays a provider at a rate that is higher than that authorized by the State plan, the Federal share of the excess amount is an overpayment that is properly disallowed by the Agency. For example, in California Department of Health Services, DAB No. 1007 (1989), the DAB noted that the States, not CMS, have primary responsibility for ensuring that their payment rates are consistent with their plan methodologies. The DAB stated that " . . . when either [CMS] or the State identifies an instance where the State has not complied with the actual terms of the plan, it is the State's responsibility to propose an amendment to the plan if the State decides it no longer wishes to follow its existing plan . . . Only the State can make the decision to change the plan or change the practice that is inconsistent with the plan." The State agency provided no evidence that it had submitted a State plan amendment to request a change in its TCM payment methodology. It also did not provide any documentation of CMS's approval of an amended methodology or of a rate resulting from a methodology different from that in its approved State plan.

The State agency said that it had relied on the authority of CMS officials to determine that the rate was in accordance with all applicable Federal rules and regulations. In California and other decisions, the DAB has made clear that, while regional office staff have a role in assisting the States in reviewing amendments and giving advice to States relating to proposed amendments, the State itself must initiate a change in its plan. The State is charged with being aware of the governing law and regulations in operating its Medicaid program. Federal guidance requires costs to be necessary and reasonable, and the State plan requires case management services to be cost based. Contrary to these requirements, the State agency claimed $9,990,985 in excess of its actual cost of providing services to Medicaid beneficiaries.

The State agency's submission of a cost allocation plan to ACF in September 2006 does not alter our original finding that the reimbursement for TCM services provided by Family Services during FYs 2002 and 2003 exceeded costs. Furthermore, pursuant to Federal regulations (45 CFR § 95.507), the Division of Cost Allocation, not ACF, approves statewide cost allocation plans for HHS. ACF has no regulatory authority over programs administered by CMS, including Medicaid.

Direct Social Service Costs

State Agency's Comments

The State agency gave the following reasons for disagreeing with our finding that many of the services claimed under TCM were direct social services that did not meet the definition of TCM:

- The State agency maintained that we used a narrow definition of case management services that was contrary to the definition in its CMS-approved State plan. The State agency asserted that the State plan's definition of case management was sufficiently broad to include all of the services that we had questioned. The State agency cited Hawaii Department of Social Services and Housing, DAB No. 779 (1986), to support its position that we should not retroactively question services provided under an approved State plan because it was not clear during the review period that the State agency's claims contravened Federal law.

- The State agency maintained that the congressional definition of case management services was broad and that neither the State plan nor the statutory definition of case management restricted TCM to medical services or excluded the provision of these services to children in foster care. In addition, the State agency said that, because the definition of case management was ambiguous, Congress amended the definition of an appropriate TCM service under Medicaid in the Deficit Reduction Act of 2005 (DRA) (Public Law 109-171, section 6052 (2005)). According to the State agency, this clarification is further evidence that our narrow definition of TCM was not supported by law before the DRA was enacted. The State agency concluded that it was entitled to Federal reimbursement of all case management services that fell within the State plan definition, including those provided to children in foster care.

- The State agency said that it had contracted with a consulting firm to conduct an independent review of the files in our sample. It stated that this review found that 96 percent of the cases reviewed contained at least one case management activity and were therefore eligible for Federal reimbursement. The State agency further emphasized that, because its payment methodology for TCM services was based on a monthly rate, only one service provided to a beneficiary during the month had to meet the definition of case management for the claim to qualify for Federal reimbursement.

The State agency's consulting firm also commented that our use of the narrative entries dictated by the case managers as verification documents presented several problems because these narratives were not originally intended to be used to justify case management services.

Office of Inspector General's Response

In response to the State agency's objections to our definition of TCM services, we note the following:

- In reviewing disputes involving the interpretation and application of a State plan, the DAB will generally defer to a State's interpretation of ambiguous language in its own plan, provided the interpretation is reasonable and does not conflict with Federal requirements. However, as Hawaii Department of Social Services and Housing, DAB No. 779 (1986), also makes clear, a State is wrong to suggest that approval of a State plan provision means so much that a State can ignore clearly applicable rules and regulations. The State agency's definition of TCM services claimed during the review period did not conform to Federal program requirements as set forth in the CMS "State Medicaid Manual" and its January 2001 letter to State Medicaid Directors.

- We based our definition of allowable TCM services as set forth in CMS's 2001 letter to State Medicaid Directors and the "State Medicaid Manual." CMS's 2001 letter is its most thorough issuance on TCM matters and provides notice to all States of CMS's policy regarding the targeted case management provisions of the statute. The State agency's comments did not address the clear guidance in the letter that "Medicaid case management services do not include payments for the provision of direct services (medical, educational, or social) to which the Medicaid eligible individual has been referred." Specifically, the letter identified direct foster care services that CMS stated may not be billed to Medicaid as a case management activity. These unallowable direct services include assessing adoption placements, recruiting or interviewing potential foster care parents, and other activities claimed as Medicaid TCM by the State.

  The State points out that Congress amended the definition of Medicaid TCM services in the DRA. According to the State agency, this clarification is evidence that our definition of TCM was not supported by law before the DRA was enacted. We note, however, that the DRA incorporates much of the substance of CMS's 2001 letter to State Medicaid Directors. In particular, the DRA amended section 1915(g) of the Act to specify that Medicaid TCM does not include the direct delivery of the underlying service to which an

eligible individual has been referred, listing as examples the direct foster care services which CMS's 2001 letter made clear could not be claimed as Medicaid TCM.

- Although the State agency's payment methodology may be based on a monthly charge, the State plan requires that this charge be cost-based. Further, Federal regulations require that the cost be reasonable, allowable, and allocable. The State agency did not provide any cost data to support its monthly TCM rate.

  The State agency used the results of its consulting firm's review of a sample of monthly claims to refute the results of our audit. The results of the consulting firm's review indicate that its judgments regarding what constitutes allowable case management were not consistent with CMS's policy regarding allowable case management activities issued in the 2001 letter to State Medicaid Directors and in effect during the audit period. In one example of a service that the consulting firm classified as allowable case management monitoring, the consulting firm's note stated "Monitoring contact regarding implementation of plan for this child" while the case note actually stated: "Phone call to see the status of Jill's adoption. They have not yet gotten the fingerprinting results. If they get them soon, they may assign an adoption date for May or June." Because this service is directly related to adoption placement, it is precluded from reimbursement as Medicaid TCM under existing Federal Medicaid policy.

  The report of the State's consulting firm stated that the narrative entries provided by Family Services were not intended to be used to justify case management claims. However, the narrative entries that we reviewed for each service were the only documentation that Family Services provided to us to support the allowability of the services that it had claimed. We gave the State agency the opportunity to provide additional information, but it did not do so. Federal requirements clearly state that a case management service must be sufficiently documented to qualify for Medicaid reimbursement.

  We find no reason to alter our original determination that Family Services social workers spent 52 percent of their time in FY 2002 and 61 percent of their time in FY 2003 performing services that did not qualify as allowable Medicaid TCM under existing Federal policy. As a result, Family Services claimed $22,152,551 in Medicaid reimbursement for direct social services that are precluded from Federal reimbursement as TCM services.

Administrative Costs

State Agency's Comments

The State agency claimed that our finding that $12 million in administrative costs were not eligible TCM costs was without legal support or precedent. The State agency maintained that Medicaid regulations do not prohibit building into the rates the costs of items that support the TCM service, which in another setting would be considered an administrative cost.

Office of Inspector General's Response

The cost of administrative items that support delivery of direct foster care services, as described in CMS's 2001 letter, may not be included as a TCM cost. In reviewing the State's proposed TCM rate-setting methodology, we determined that the administrative costs the State proposed to include were related to the overall operation of Family Services and the administration of all Federal awards that Family Services received. Thus, the administrative costs should not be included as TCM service costs for purposes of calculating a monthly TCM rate. Accordingly, we determined that $12,387,285 incurred by Family Services to administer its programs was not reimbursable as Medicaid TCM services at the Federal Medical Assistance Percentage rate.

Potentially Unallowable Targeted Case Management Costs

State Agency's Comments

The State agency noted that we had recommended that it work with CMS to determine the allowability of the $12,387,285 ($8,327,896 Federal share) on which we were unable to express an opinion. It stated that it had in fact determined the allowability by contracting with a consulting firm to review the TCM claims. The State agency reiterated that this consulting firm had determined that 96 percent of these claims were eligible for Federal reimbursement. Further, the State agency said that it was confident, based on a review of its accounting records, that it did not charge the same costs to both TCM/Medicaid and Title IV-E. The State agency maintained that its accounting structure clearly segregated costs associated with providing TCM services from costs charged to other Federal programs.

Office of Inspector General's Response

The State maintains that its accounting structure segregates costs associated with providing TCM services. However, during the audit period, the State agency apparently did not have a system for separating TCM costs from those costs chargeable to other Federal programs such as Title IV-E and, in fact, claimed all its operating costs to Medicaid as TCM. The State acknowledges that it was submitting claims to Medicaid for TCM services furnished to children who were Title IV-E eligible. CMS's 2001 letter clarified the case management activities that were properly claimed to Medicaid and Title IV-E and stated that States offering Medicaid case management services to foster care populations must properly allocate case management costs between the two programs. In addition, our report noted that services billed as TCM may also have been covered by Medicaid in the State's payments to Medicaid managed care organizations providing medical case management to the same children. While the State may show that Family Services received only Medicaid TCM payments, we remain concerned that the State received TCM payments for activities that its accounting system should have segregated as costs to other programs. The State agency's review of its accounting records may prove useful as the State works with CMS to determine the allowability of the costs on which we were unable to express an opinion, but it did not provide any information to cause us to modify our findings.

OTHER MATTER

During our review of 604 services provided in 100 sampled beneficiary months, we noted one instance in which a beneficiary received a direct social service from an unqualified provider. This provider was a paraprofessional trained to perform office support and clerical work. The provider's qualifications did not meet the qualifications specified in State plan amendment 99-007, effective July 1, 1999, which generally requires that providers of case management services be licensed in accordance with Title 32 M.R.S.A., Chapter 83, section 7001-A. Family Services officials acknowledged that the service in question should not have been claimed as a Medicaid TCM service.

APPENDIX

Maine Department of Health and Human Services
Commissioner's Office
11 State House Station
Augusta, ME 04333-0011

John Elias Baldacci
Governor

Brenda M. Harvey
Commissioner

June 20, 2007

Michael J. Armstrong
Regional Inspector General for Audit Services
John F. Kennedy Federal Building
Boston, MA 02203

Re: Report no. A-01-05-0004

Dear Mr. Armstrong:

This letter is in response to the draft audit report entitled "Review of Targeted Case Management Services Provided by the Maine Bureau of Child and Family Services During Federal Fiscal Years 2002 and 2003" designated A-01-05-0004 ("Draft Report"), sent to us under cover of your letter dated May 21, 2007, and to your request that the State refund $29,759,384 in federal financial participation ("FFP"), and work with CMS to determine the allowability of $8,327,986 FFP. For the reasons outlined below, Maine believes that the review findings are incorrect and without legal basis. We explain these points more fully below.

I. Excessive Reimbursement

The draft report asserts that the State agency's $56,601,100 claim for TCM services exceeded by $9,990,985 the $46,610,115 that Family Services actually incurred. This conclusion does not consider that the Health Care Financing Administration (HCFA) agreed to this rate in 1996.

As we previously advised OIG in our March 1, 2006 response to the preliminary audit findings and recommendations, representatives of the Maine Department of Human Services (DHS) including Commissioner Kevin Concannon, Deputy Commissioner Peter Walsh and Deputy Commissioner Rudy Naples met with officials of HCFA in Boston on or about February 29, 1996 to discuss Medicaid reimbursement for Targeted Case Management Services. HCFA officials in attendance included Ron Preston, Dennis Maloney and Steve Withers. As a result of the discussion, DHS and HCFA agreed upon a Medicaid reimbursement rate for TCM services. DHS subsequently submitted bills to HCFA for TCM services as agreed upon and HCFA issued payment to DHS in accordance with the terms of the 1996 agreement.[1]

The Draft Report does not refute that this meeting occurred, nor that DHS and HCFA agreed upon a rate for TCM services at that meeting. Maine properly relied upon the agreement of HCFA officials as to the particular rate.

[1] As explained in Part V below, Maine submitted to Administration for Children and Families in September 2006 a new cost allocation plan, which included methodology for a random moment time study that is more reflective of actual time billed to various funding sources, (i.e. TCM, IV-E and State General funds). Maine also requested that the plan become effective July 1, 2006, which would implement a new calculated rate for TCM. Pursuant to 45 CFR 95.517, Maine is billing for TCM in accordance with the proposed plan.

Additionally, Maine has submitted cost of living increases to the original rate negotiated in 1996. HCFA and its successor, CMS, have paid the rate, as well as the cost of living increases since that time.

Based upon the 1996 agreement, Maine had every reason to rely upon the authority of the HCFA officials to determine that the rate was in accordance with all application federal rules and regulations. In view of this long-standing agreement, there is no basis for OIG to recommend a refund based upon an allegedly excessive rate.

II. Direct Social Service Costs

According to the Draft Report, OIG reviewed a random sample of 100 beneficiary months containing 604 services provided to 99 beneficiaries. The OIG review of the random sample allegedly found that 52 percent of the time in FY 2002 and 61 percent of the time in FY 2003 did not meet the definition of TCM.

The State of Maine refutes this finding for three reasons. First, the narrow definition of case management services set forth by OIG is contrary to the state plan approved by HCFA. Second, given the ambiguity of the federal law as to which services fell within case management, the definition must be construed broadly rather than narrowly. Third, an independent review of those same files by an expert in the area of Child Welfare indicates that 96% of the entries did in fact set forth case management services as defined by State Plan and federal law.

The State Plan Amendment defines case management services to "include client intake and assessment, plan of care development, service coordination and advocacy, monitoring of the client and evaluation of the appropriateness of the plan of care." See Attachment A.

Furthermore, the State Plan includes the following in the target groups for TCM services:

> Covered services will be provided to children and young adults who are in the care or custody of the Department of Human Services or of an agency in another state and placed in Maine, and families of children who are receiving post adoption services.

OIG should not ignore these terms of the State Plan. OIG cannot, after the fact, exclude reimbursement for TCM services to children in DHHS custody or services that fall within the State Plan definition of TCM. As the HHS Departmental Appeals Board (the "DAB") admonished in *Hawaii Dep't of Soc. Servs. and Hous.*, DAB No. 779 (1986), "we cannot agree that approval of a state plan provision means so little that the Agency can unilaterally and retroactively disavow that to which it has clearly agreed." *Id.* at 9; *see also County of Alameda v. Weinberger*, 520 F.2d 344, 350-351 (9th Cir. 1975) ("the purpose of . . .audits and deductions is not to implement a retroactive disapproval of a previously approved plan"). As the DAB reasoned in *Hawaii*, since it was not clear during the review period that the State's claims contravened federal law, CMS may not "attempt to give retroactive effect to its newly developed position. Under the circumstances here . . . [CMS] cannot unilaterally disavow the plan provision to which it agreed." *Hawaii*, DAB No. 779 at 10.

The Congressional definition of case management services is similarly broad, including "services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services." 42 U.S.C. §1396n(g)(2). Importantly, neither the State Plan nor the statutory definition of case management restricts TCM to medical services. In addition, neither definition excludes services provided to children to foster care.

Indeed, because the definition was admittedly ambiguous, Congress recently amended the definition of an appropriate Targeted Case Management Service claimable under Medicaid in Section 6052 of the *Deficit Reduction Act of 2005 (DRA) – Reforms of Case Management and Targeted Case Management.*[2]

Senator Charles E. Grassley, Chair of the Committee on Finance, admitted the ambiguity in the statute prior to the passage of the DRA. Senator Grassley explained,

> [u]ntil the enactment of the DRA, there was not a clearly defined definition of TCM in statute. Generally, it has been acknowledged that a lack of a clear definition of TCM contributed to some ambiguity on the part of the states as to what was an appropriate service under TCM and what was not.

Attachment B, letter dated April 5, 2006 from Senator Grassley to Secretary, DHHS. The ambiguity in the definition of TCM points to the conclusion that the OIG's narrow definition of TCM was not supported by the law prior to the DRA. The OIG's narrow interpretation of the definition of TCM services is contrary to the fundamental framework of the Social Security Act (of which the Medicaid Act is a part), which requires that the Act be broadly construed, so as to carry out Congress' intent to provide medical expense coverage for all qualifying individuals. *Mayburg v. Secretary of Health and Human Services*, 740 F.2d 100, 103 (1st Cir. 1984). Thus, Maine is entitled to FFP of all case management services that fall within its State Plan definition, including services provided to foster children.

Maine contracted a consulting firm which specializes in Child Welfare, Schmid and Associates, to review the very same files reviewed by OIG. The report and worksheet produced by Schmid and Associates are submitted as Attachment Exhibit C hereto. As Schmid and Associates points out, OIG took a narrow view of what constitutes a case management activity, contrary to the law set forth above. Schmid and Associates concluded that 96% of the cases reviewed contained at least one case management activity and therefore would be eligible to receive payment from the federal Medicaid program for TCM services.

It is also critical to point out that the payment methodology for TCM services to the State of Maine is a monthly one. Whether case management services are provided to a child once or multiple times within a given month, the payment rate is the same. Therefore, the proper review must look to whether any of the activities reported for a child during a given month fall within the description of case management services. Maine's expert utilized this methodology and found that of the 42 cases reviewed for federal fiscal year '01-02, only two did not have any case management activities documented in the narrative during the month of review. The expert also found, for the federal fiscal

[2] As of January 2006, in view of the clarification of TCM set forth in DRA and the Grassley letter, Maine no longer bills Title IV-E eligible children to Medicaid for TCM services

year '02-03, that of the 58 cases reviewed, two did not have case management activities documented in the narrative for the month. Thus, 96% of the cases reviewed did include at least one case management activity.

III. Administrative Services

The contention in the Draft Report that $12 million in administrative costs are not eligible for TCM costs is without legal support or precedent.

There is no Medicaid program prohibition against building into the rates the costs of items that support the TCM service, which in another setting would be considered an administrative cost. Medicaid hospital rates, for example, reflect the costs of the hospital administrator, medical records and billing staff, training staff and many other administrative costs, not just direct patient service costs. This finding lacks legal merit.

IV. Potentially Unallowable TCM Costs

The Draft Report found $12 million for which the report was unable to express an opinion and asked Maine to work with CMS to determine the allowability of the $8 million federal share. By way of the expert report attached as Exhibit A, Maine has done that. As explained above, our expert concluded that 96% of the months reviewed found entries to support provision of TCM services.

The Draft Report further asserts that the OIG could not determine whether Title IV-E or Medicaid was paying for the TCM services. Upon review of its accounting records, Maine is confident that the state has not charged the same costs to both TCM/Medicaid and Title IV-E. Maine's account coding structure clearly segregates costs associated with the provision of TCM services. For the two years under review, payroll costs alone totaled $45.6 million, and these costs were not charged to any other federal program.

V. Recommendations for the Future

As explained above, Maine no longer utilizes the methodology for Medicaid reimbursement of TCM services that it used in 2002 and 2003. Since January 2006, as a result of the passage of the DRA which clarified the definition of TCM, Maine no longer bills Medicaid for TCM services to children who are Title IV-E eligible. Maine has also re-examined the rate it charges for TCM services. In September 2006, Maine submitted a new cost allocation plan to Administration for Children and Family, which included a random moment time study to more appropriately allocate costs amongst participating funding programs.

We hope that upon review of these comments, the OIG will withdraw its findings. If the report is substantially revised from the Draft Report, we request the opportunity to review and comment on any such revised draft.

Thank you for the opportunity to comment on the Draft Report. If OIG would like to discuss this matter further, please feel free to contact Kirsten Figueroa, Deputy Commissioner of Finance.

Sincerely,

Brenda Harvey

Brenda M. Harvey
Commissioner

Enclosures: Attachment A – Definition of Case Management
Attachment B – April 5, 2006 letter from Senator Grassley
Attachment C – Summary report by Schmid and Associates

Cc: Rebecca Wyke, Commissioner, Dept. of Administrative and Financial Services
Ed Karass, State Controller, Dept. of Administrative and Financial Services
✓ Kirsten LC Figueroa, Deputy Commissioner of Finance, Dept. of Health and Human Services
Jim Beougher, Director, Office of Child and Family Services, DHHS
Tony Marple, Director, Office of MaineCare Services, DHHS
Nancy Macirowski, Assistant Attorney General

CASE MANAGEMENT SERVICES

A. Target Group:

1. Mentally retarded adults who are age 21 or older and who meet the eligibility requirements of Title 34B, M.R.S.A. §5001 which defines mental retardation as a condition of significantly subaverage intellectual functioning manifested during a person's developmental period, existing concurrently with demonstrated deficits in adaptive behavior. Clients in an intermediate care facility for the mentally retarded will not be eligible for case management services.

   A person with mental retardation or autism who has reached his or her 18th birthday and is no longer in school may choose to receive case management services as an adult. However, he or she may not receive case management services under the children and adolescent populations at the same time. (Cont.)

B. Areas of State in which services will be provided:

/X/ Entire State, with the exception of the areas covered by Target Groups identified in A(8), A(12) and (14).

/ / Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide):

C. Comparability of Services

/ / Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

/X/ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management services include client intake and assessment, plan of care development, service coordination and advocacy, monitoring of the client and evaluation of the appropriateness of the plan of care.

E. Qualification of Providers:

1. Mentally Retarded Adults

Case management services will be provided by approved staff of agencies designated and licensed by the Department of Behavioral and Developmental Services. Approved staff include: (Cont.)

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SUPPLEMENT 1 TO
ATTACHMENT 3.1-A
Page 1(a)(Cont.)

A. Target Groups: (Cont.)

2. Covered services will be provided to people who are diagnosed with Human Immunodeficiency Virus infection or with AIDS-Related complex or with AIDS.

3. Children, age 0-5, who are developmentally disabled or who demonstrate developmental delays or who are at risk for developmental delays.

4. Covered services will be provided to families whose children are abused or neglected or suspected to be at risk thereof.

5. Covered services will be provided to children and young adults who are in the care or custody of the Department of Human Services or of an agency in another state and placed in Maine, and families of children who are receiving post adoption services.

6. Covered services will be provided to adults who are in need of protective services provided by the Department of Human Services.

7. Children and adolescents age through-20 years of age, who have been diagnosed as having an emotional disturbance, at risk of a mental impairment, emotional or behavioral disorder or has been determined to have a functional impairment.

8. Covered services will be provided to children and adolescents ages 11 - 17 with serious emotional disturbance who reside in Cumberland County.

9. Covered services will be provided to juveniles on probation (referred or under the supervision of juvenile caseworkers).

10. Covered services will be provided for pregnant and/or postpartum women and/or those at risk of inadequate parenting.

11. Covered services will be provided for adults with long term care needs.

12. Covered services will be provided to eligible recipients living in Somerset, Cumberland, Androscoggin, Oxford, Kennebec, Waldo, Penobscot, Sagadahoc, Knox, York and Lincoln Counties who have at least one child under the age of 16 and are homeless or at risk of homelessness.

13. Covered services will be provided to persons who have been diagnosed as having psychoactive substance-abuse dependence, or who are currently receiving active substance-abuse treatment or individual/group follow-up or after-care services.

14. Covered services will be provided to eligible recipients living in Kennebec, Somerset, Franklin, Oxford, Androscoggin, Sagadahoc, Waldo, Penobscot, Knox and Lincoln Counties who have needs that impact their health-care needs.

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 1(b), (cont.)
September 12, 1994

A. Target Group (Cont.)

15. Covered services will be provided to children and young adults ages 5 to 21 who are enrolled in a school administrative district or a private school approved for the provision of special education and supportive services in Maine who are exhibiting high risk behaviors that may result in social, emotional or academic failure.

16. Covered services will be provided to a family or child if the child is under the age of 18 years and participating in the Healthy Families Program.

17. Covered services will be provided to recipients diagnosed with diabetes mellitus and/or asthma including education of a parents or guardians with regard to care of the recipient.

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United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510–6200

April 5, 2006

The Honorable Mike Leavitt
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W
Washington, D.C. 20201

Dear Secretary Leavitt:

I am writing regarding Congressional intent relative to Section 6052 of the *Deficit Reduction Act of 2005 (DRA) -- Reforms of Case Management and Targeted Case Management.* I expect that this clarification will provide useful guidance as the Centers for Medicare and Medicaid Services implements this important provision.

Section 1915 (g) of the Social Security Act allows states to provide, as medical assistance, case management services to certain individuals. Case management is further defined as services which will assist eligible individuals to "gain access to needed medical, social, educational and other services."

Targeted Case Management Services (TCM) are services which are not provided statewide to all Medicaid beneficiaries but rather to a specific class of Medicaid eligible individuals, notably children in foster care. States are required to provide case planning for all children in foster care, but until the enactment of the DRA, there was not a clearly defined definition of TCM in statute. Generally, it has been acknowledged that a lack of a clear definition of TCM contributed to some ambiguity on the part of the states as to what was an appropriate service under TCM and what was not.

The intent behind Section 6052 was to insert clarity as to what is an appropriate TCM service under Medicaid, and therefore appropriately claimed under Medicaid, and what is not. It is important to note that integral to this intent is the premise that certain case management activities should be considered an allowable Medicaid expenses.

The DRA specifies that these include: assessment of service needs; the development of a specific care plan; referral to help the individual obtain needed services and monitoring and follow up activities to ensure that the care plan is effectively implemented.

These services, which the Congress intended would be appropriately considered a Medicaid expense, are particularly important to children in foster care. These are children who have multiple social, educational, nutritional, medical and other needs.

They are among society's most vulnerable populations. Given the complexity of these cases, it is nearly impossible to isolate which services recommended for a child in foster care are solely medical services. These children require a comprehensive approach that provides for coordination of services.

The need for this approach led to the development of Section 6052 as well as the decision to expressly not eliminate case management services for children in foster care as a Medicaid expense. Therefore, the disallowance of reimbursement under Medicaid for services specified in the DRA for TCM for children in foster care, either through a direct rejection of a claim or through the State Plan Amendment process is in direct contradiction to Congressional intent.

I am certain that you will take the appropriate steps necessary to ensure that the intent of Congress is implemented.

Sincerely

Chuck Grassley

Charles E. Grassley
Chairman

April 24, 2006

SUMMARY REPORT

REVIEW OF 100 CASE NARRATIVES TO DETERMINE EXTENT OF CASE MANAGEMENT SERVICES PROVIDED TO FOSTER CARE CHILDREN IN THE STATE OF MAINE

The Office of Inspector General of the United States Department of Health and Human Services conducted an audit in the state of Maine regarding payment for Targeted Case Management services provided to foster care children through the Maine Medicaid Program. The audit concluded that Maine improperly claimed case management services of more than $31 million. Part of this overpayment was based on a review of 100 narrative case records randomly selected by the OIG for the two-year period October 1, 2001 through September 30, 2003.

The auditors concluded that most of the narrative entries did not represent the actual delivery of case management services. In a minority of cases the auditors indicated that they could not render an opinion as to whether the narrative entry supported the delivery of case management. The 100 cases included a total of 604 narrative entries.

Method of Review

I obtained a copy of each of the narrative entries for the 100 cases reviewed by OIG. I reviewed each entry to attempt to ascertain if the narrative supported the delivery of case management services as defined in federal law and federal written interpretation. Each narrative entry was recorded in a worksheet that includes a comment section that notes that the narrative either appears to support a case management service, could be disputed as a service or is likely not a case management service.

Discussion

Congress authorized targeted case management services as a Medicaid optional service in 1986. In December 1991 the predecessor to the Centers for Medicare and Medicaid Services (CMS) issued guidance for this service in the State Medicaid Manual. The manual points out that services are limited to those services that assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services. It further states that the service must not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. It also

states that case management services are furnished to assist an individual in gaining or coordinating access to needed services.

On January 19, 2001, CMS's predecessor sent a Dear State Medicaid Director letter concerning targeted case management services. The federal government attempted to define what services would qualify for Medicaid to include assessment of the eligible individual to determine service needs, development of a specific care plan, referral and related activities to help the individual obtain needed services and monitoring and follow-up. The letter also defined those services that were considered as an unallowable activity for case management purposes. The letter indicated that unallowable activities included payment for the provision of direct services or any activities performed by the foster care case worker that relate directly to the provision of foster care services cannot be covered as case management. The letter further stated that since these activities are a component of the overall foster care service to which the child has been referred the activities do not qualify as case management.

In the case of foster care programs, the letter indicated that the federal government viewed certain activities as part of the direct delivery of foster care services and therefore may not be billed to Medicaid as a case management activity. They provided a list which they pointed out was not inclusive that included research gathering and completion of documentation required by the foster care program, assessing adoption placements, recruiting or interviewing potential foster care parents, serving legal papers, home investigations, providing transportation, administering foster care subsidies and making placement arrangements.

These guidelines present a difficult issue for states in trying to separate foster care only services from those eligible for Medicaid payment. In many instances a contact may include both types of service. For example, a follow-up visit to a foster care child will likely include direct foster care issues; but is also likely to encompass other issues including social, educational, medical and other similar activities. Another example concerns visitation issues by family members. Arranging for and follow-up regarding family visitations could be considered by OIG to be a foster care service. However, it is very important to a child's social and behavioral functioning to have contact with family on an ongoing basis. Therefore arranging for and following up on these visits can also be interrupted as a social activity necessary to ensure the child is receiving appropriate and needed services. **We believe that such activities do in fact qualify as a targeted case management service.**

Audit Approach

OIG determined that in order to verify that an actual targeted case management service was provided at any given time, the narrative entry dictated by the case manager would be used as the verification document. This presents several problems because these narratives were not originally intended to be used to justify a case management service. In addition, information contained in the narrative varies greatly depending on the style

and thoroughness of each case manager. In addition the narrative may describe several activities that could include foster care activities as well as case management activities.

OIG decided to take a very narrow view of what constitutes a case management activity. In most instances they concluded that the activity contained in the narrative related to foster care activities rather than services related to obtaining other needed services for these children. In other cases they rendered no opinion as to whether the narrative actually constituted a case management activity.

Review Results

We took a broader view of what constitutes targeted case management services than that of OIG. For example, there were many instances where contacts were documented with medical, educational or social professionals that we considered as linkage or monitoring of activities relating to case management services. We also considered most visits with foster parents and children as a case management activity because the primary purpose of those contacts is to determine if there are any issues that would require changes in the planning process or would result in a different approach for those allowable case management activities. These visits would not be limited to only issues directly related to foster care activities.

Another example was a situation in which a child was just discharged from a hospital. Because of her situation, monitoring of her condition was made every two hours until it could be established that she was stable. The auditors concluded that this was not a case management service. We believe this was a legitimate monitoring function relating to the child's medical situation rather than strictly a foster care activity.

The problem with any review of this nature is that it is to a certain degree subjective. Obviously OIG took a very narrow interpretation of what constitutes case management while we believe the vast majority of services noted in the narrative do have some components relating to non-foster care activities.

OIG reviewed a total of 42 cases containing 222 individual narrative entries for the federal fiscal year beginning October 1, 2001. They offered no opinion on 105 of these entries that totaled 3,435 minutes. They indicated that 117 entries totaling 3,780 did not qualify as case management services. Our review concluded that most of the entries did indicate that case management activities took place during the period of time indicated on the narrative. We determined that in our opinion 171 of the entries totaling 4,890 minutes indicated that case management activities occurred. In 26 instances totaling 1,875 minutes, we concluded that the entries would likely be in dispute and therefore may not qualify as a case management service. We found that 25 entries totaling 450 minutes did not appear to relate to case management activities. We noted that of the 42 cases reviewed only two did not have any case management activities documented in the narrative during the month of review.

The auditors reviewed a total of 58 cases containing 382 individual narrative entries for the federal fiscal year beginning October 1, 2002. They offered no opinion on 109 entries totaling 4,515 minutes. They indicated that 273 entries totaling 7,125 did not qualify as case management services. Our review concluded that most of the entries did indicate that case management activities took place during the period of time indicated on the narrative. We determined that in our opinion, 297 of the entries totaling 9,375 minutes indicated that case management activities occurred. In 31 instances totaling 1,155 minutes, we concluded that the entries would likely be in dispute and therefore may not qualify as a case management service. We found 54 entries totaling 1,110 minutes did not appear to relate to case management activities. We noted that of the 58 cases reviewed only two did not have any case management activities documented in the narrative during the month of review.

As we understand the verbal agreement with the Centers for Medicare and Medicaid Services, the state of Maine was to be paid a fixed amount for each case in which at least one case management service was provided in any particular month. Based on our analysis we would conclude that 96% of the cases reviewed did contain at least one case management activity and therefore would be eligible to receive payment from the federal Medicaid program for targeted case management services.

The issues related to the payment rates were not part of this report.

David Zentner
Schmid & Associates

Case Review No	Date	No Op	Minutes	Unallowable	Minutes	Allowable	Minutes	Reason	Disputed	Minutes	Unallowable	Minutes	
001-01	3/7/2002			1	45						1	45	No narrative indicated, could not determine what service consisted of
002-01	3/20/2002			1	30	1	30	C,D					Case worker arranged for transportation & monitored case by ensuring proper visitation for parent of the child
003-02	6/11/2002			1	15	1	15	D					Case worker monitoring progress of the case plan regarding parenting
004-02	6/18/2002			1	15	1	15	D					Collateral contact concerning monitoring of case due to potential abuse issue
008-04	6/3/2002	1	15			1	15	D					Monitoring case through contact with mother of the child
009-04	6/3/2002	1	15						1	15			Auditor may argue this is placement since discussion relates to referral for residential foster care rather than case monitoring
010-04	6/4/2002	1	15						1	15			Auditor may argue this is placement since discussion relates to referral for residential foster care rather than case monitoring
011-04	6/4/2002	1	15						1	15			Auditor may argue this is placement since discussion relates to referral for residential foster care rather than case monitoring
012-04	6/4/2002	1	15								1	15	No contact made just asked for a return call
013-04	6/4/2002	1	15						1	15			Auditor may argue this is placement since discussion relates to referral for residential foster care rather than case monitoring
014-04	6/4/2002	1	15								1	15	No contact made just asked for a return call
015-04	6/4/2002	1	15			1	15	D					Monitoring case through contact with mother of the child
016-04	6/6/2002	1	15						1	15			Auditor may argue this is placement since discussion relates to referral for residential foster care rather than case monitoring
017-04	6/6/2002	1	15						1	15			Auditor may argue this is placement since discussion relates to referral for residential foster care rather than case monitoring
018-04	6/12/2002	1	15			1	15	D					Caseworker monitoring case to determine if change in plan will be forthcoming
019-04	6/12/2002	1	15								1	15	No contact made just asked for a return call
020-04	6/12/2002	1	15			1	15	D					Monitoring case to determine if any changes in plan necessary after interview with foster care facility
021-04	6/12/2002	1	15						1	15			Auditor may argue this is placement since discussion relates to referral for residential foster care rather than case monitoring
022-04	6/13/2002	1	15								1	15	Appears to be placement activity
023-04	6/13/2002	1	15								1	15	Only left message no activity
024-04	6/13/2002	1	15								1	15	Only left message no activity
025-04	6/13/2002	1	15			1	15	D					Caseworker monitoring case by keeping family informed regarding their son
026-04	6/14/2002	1	15			1	15	D					Caseworker monitoring to ensure no problem occurs with family situation
027-04	6/14/2002	1	15			1	15	D					Caseworker monitoring to ensure no problem occurs with family situation
028-04	6/17/2002	1	15						1	15			Auditor may argue this is placement since discussion relates to referral for residential foster care rather than case monitoring
029-04	6/17/2002	1	15								1	15	Only left message no activity
030-04	6/19/2002	1	360						1	360			Some of the activity related to case planning (Visitation for family) and monitoring while other time appeared to be placement
031-04	6/20/2002	1	15								1	15	Only left message no activity
032-04	6/20/2002	1	15			1	15	C					Informed probation of change in status of Jason
033-04	6/20/2002	1	15								1	15	Only left message no activity
034-04	6/21/2002	1	15			1	15	C					Linkage to other staff involved in the case who need information to ensure case plan is executed
035-04	6/21/2002	1	15			1	15	B,D					Involves visitation planning for family and monitoring of family situation
036-04	6/25/2002	1	15			1	15	B,D					Plan change to allow visit by Jason's girlfriend and monitoring family situation
037-04	6/25/2002	1	15								1	15	Only left message no activity
038-04	6/25/2002	1	15								1	15	Only left message no activity
039-04	6/26/2002	1	15			1	15	D					Monitoring of case concerning legal issues for the child
040-04	6/27/2002	1	15			1	15	D					Monitoring of case to ensure plan for foster care placement is working
041-04	6/27/2002	1	15			1	15	D					Monitoring of information from other staff regarding the current status of the child
042-04	6/28/2002	1	15								1	15	Only left message no activity
043-04	6/28/2002	1	15			1	15	D					Caseworker contact with Jason to monitor progress regarding the current plan
057-06	12/3/2001	1	30			1	30	D					Monitoring progress of plan regarding child plan to enter college
058-06	########	1	30			1	30	D					Monitoring progress of plan regarding child plan to enter college and plans for transition out of foster care
059-07	3/24/2002			1	15	1	15	C,D					Caseworker made referral regarding physician request for contact and monitored newborn situation
060-07	3/25/2002			1	60	1	60	A,					Caseworker is gathering information from family member regarding assessment activities
061-07	3/25/2002			1	120				1	120			Could be argued that this placement since the foster parents picked child up at hospital rather than a case planning activity
062-07	3/25/2002	1	15			1	15	D					Monitoring case regarding foster parent and child's mother
063-07	3/25/2002	1	15			1	15	D					Monitoring medical problem with the newborn
064-07	3/26/2002			1	45	1	45	A					Contact was 1 hour 45 minutes rather than 45 minutes reported by auditor. Family history collected & planning discussed
065-07	3/29/2002	1	15			1	15	D					Caseworker monitoring health situation of the child
073-09	3/12/2002			1	15	1	15	C					Caseworker follow-up regarding arrangement for transportation
074-09	3/12/2002			1	15	1	15	C					Caseworker follow-up regarding arrangement for transportation
075-09	3/12/2002			1	15	1	15	C					Caseworker follow-up regarding arrangement for transportation
076-09	3/12/2002			1	15	1	15	C					Caseworker follow-up regarding arrangement for transportation
077-09	3/12/2002			1	15	1	15	C					Caseworker follow-up regarding arrangement for transportation
078-09	3/13/2002			1	15	1	15	D					Contact with child regarding carrying out plan activities
079-09	3/13/2002			1	15	1	15	D					Contact regarding monitoring of plan activity regarding visit to family
080-09	3/13/2002	1	30			1	30	D					Monitoring case regarding visitation called for in the plan
110-11	5/1/2002			1	15	1	15	D					Monitoring parent situation to ensure plan is successful
111-11	5/1/2002	1	15			1	15	D					Monitor school activities with school staff that could affect plan for this child
112-11	5/1/2002	1	15			1	15	C					Linkage to other staff involved in the case who need information to ensure case plan is executed successfully
113-11	5/9/2002			1	15	1	15	D					Follow-up from mental health provider regarding current home situation
114-11	5/10/2002	1	45			1	45	D					Contact with child to determine if current plan meeting needs of the child
115-11	5/13/2002			1	15				1	15			Auditor may argue this is placement since discussion relates to possible placement in a FC home and not a referral activity
116-11	5/13/2002			1	15	1	15	D					Monitoring situation at home to assist in determining course of action regarding plan for this child
117-11	5/22/2002	1	60			1	60	A					Contact with family to gather information to determine if plan change is necessary for this child
118-11	5/28/2002			1	15	1	15	C					Linkage with other professional involved in carrying out the plan for this child
119-11	5/28/2002	1	15			1	15	D					Monitoring to determine if current plan will be successful for the child
120-11	5/30/2002	1	15			1	15	D					Monitoring to ensure current plan is working appropriately
124-13	5/17/2002	1	105			1	105	A,B,C,D					All aspects of casemanagement present including assessment from school & family; planning for summer; linkage & monitoring
139-15	9/16/2002			1	30	1	30	D					Monitoring with foster parent to ensure plan is successful
141-17	5/17/2002			1	60	1	60	B,C					Plan review and discussion and linkage with others involved in carrying out plan for this child
142-17	5/17/2002			1	15	1	15	D					Monitoring case through review of report from agency on child's progress with plan
143-17	5/28/2002			1	60				1	60			Auditor could argue this is placement activity rather than referral activity
144-17	5/30/2002			1	15	1	15	D					Contact with foster parent to monitor current activity of the child
146-19	2/6/2002	1	120			1	120	A,B,C					Obtained assessment information from school; reviewed plan with staff & linked with staff of school to ensure plan success
147-19	2/12/2002	1	45			1	45	C,D					Referral for transportation & medical plus monitoring of current situation to ensure successful plan
148-19	2/19/2002			1	30	1	30	C,D					Made referral for services and monitored issue regarding respite for the child

149-19	2/26/2002			1	30	1	30	B,D						Planning activity regarding use of surrogate parents for child and monitoring of current situation
150-19	2/27/2002			1	60	1	60	D						Monitoring visit to foster home to determine if plan is being implemented successfully
151-19	2/27/2002			1	30				1	30				Monitoring visit; however time overlaps with time claimed in 80 above
157-21	7/2/2002	1	15			1	15	C,D						Linkage with other professional involved in carrying out the plan for this child
158-21	7/16/2002	1	15			1	15	C,D						Linkage with other professional involved in carrying out the plan for this child
159-21	7/16/2002			1	15				1	15				Auditor will argue this is adoption related rather than case monitoring or planning
160-21	7/18/2002			1	75				1	75				Auditor will argue this is adoption related rather than case monitoring or planning
161-21	7/25/2002	1	15			1	15	D						Contact with foster parent and child to monitor current situation to ensure pan is being successfully implemented
162-21	7/26/2002			1	15				1	15				Auditor will argue this is adoption related rather than case monitoring or planning
163-21	7/29/2002			1	15	1	15	D						Monitoring case through review of notes regarding progress toward meeting goals of the plan
164-21	7/30/2002			1	15				1	15				Auditor will argue this is adoption related rather than case monitoring or planning
173-25	3/6/2002			1	15	1	15	D						Contact with child to monitor current activity concerning current plan for the child
174-25	3/7/2002	1	90			1	90	D						Met with child to discuss plan and monitor current activity to ensure plan is working
175-25	3/7/2002			1	15				1	15				While service deals with linkage it overlaps with the 90 minute time frame noted above
176-25	3/11/2002			1	15	1	15	C						Linkage with other mental health professional regarding current status of child
177-25	3/12/2002			1	30	1	30	D						Contact with family member to discuss child by monitoring current situation regarding child's plan
178-25	3/13/2002	1	15			1	15	C,D						Linkage with child's teacher to ensure plan is working for this child
179-25	3/19/2002			1	15	1	15	C,D						Linkage with child's teacher regarding information that could affect future planning for this child
180-25	3/21/2002	1	15			1	15	C,D						Linkage with child's teacher regarding missing school; Monitoring of situation to determine if any changes in plan necessary
181-25	3/21/2002	1	15			1	15	D						Contact with child regarding carrying out plan activities. Also auditor indicated time was 15 minutes rather than actual 75 minutes
182-25	3/27/2002	1	15			1	15	C,D						Linkage with child's teacher regarding drug issue that could affect future planning for this child
183-25	3/27/2002			1	15						1	15		Telephone message left; no actual case management service took place
184-25	3/28/2002	1	15			1	15	C,D						Linkage with child's teacher regarding drug issue that could affect future planning for this child
185-25	3/29/2002			1	15	1	15	D						Contact with child regarding monitoring her potential drug issue that could affect planning for this child
186-26	4/11/2002			1	15	1	15	C,D						Linkage contact that could affect plan for this child
187-26	4/17/2002			1	15	1	15	C,D						Linkage contact with LMSW regarding current situation that could affect planning for this child
188-26	4/17/2002	1	15			1	15	D						Contact with child's mother regarding monitoring of plan for this child
189-26	4/19/2002			1	15	1	15	D						Contact with family member regarding monitoring of visits with the child
190-26	4/19/2002			1	15	1	15	D						Contact with mother of child to monitor plan to move child back home
191-26	4/19/2002	1	30			1	30	A						Obtained assessment information from child's father that will be used in planning effort for this child
192-26	4/22/2002	1	15			1	15	C						Linkage contact with medical provider regarding implementation of plan for this child
193-26	4/22/2002			1	15				1	15				Auditor may argue this relates to placement; but could also relate to assessment for planning purposes
194-26	4/23/2002			1	15	1	15	D						Contact with family member regarding monitoring of current situation with child's planning process
195-26	4/24/2002	1	15						1	15				Auditor may argue this relates to placement; but could also relate to assessment for planning purposes
196-26	4/24/2002			1	15	1	15	D						Contact with family in order to monitor plan implementation for this child
197-26	4/24/2002	1	30			1	30	A						Discussion with family member to gather assessment information to be used for planning purposes for this child
198-26	4/24/2002			1	15	1	15	D						Contact with mother of child to monitor plan to move child back home
199-26	4/26/2002			1	180				1	180				Court appearance auditor will argue this is not related to case management activity for this child
200-26	4/26/2002			1	30	1	30	B,D						Contact with family to finalize plan for child and monitor situation with family as it relates to planning for this child
201-26	4/26/2002			1	15	1	15	D						Contact with family member in order to monitor implementation of plan for this child
202-26	4/26/2002			1	15						1	15		Does not appear that case management occurred with this contact
203-26	4/26/2002			1	15						1	15		Does not appear that case management occurred with this contact
204-26	4/29/2002			1	30	1	30	D						Contact with mother of child regarding monitoring of plan for her child
205-26	4/30/2002			1	15	1	15	C,D						Linkage with other professional involved in carrying out the plan for this child
206-26	4/29/2002	1	15			1	15	C,D						Linkage with other professional involved in carrying out the plan for this child
207-26	4/29/2002			1	15	1	15	D						Contact with foster parent to monitor current activity of the child to ensure plan is working for this child
208-27	2/26/2002	1	60			1	60	D						Contact with child to monitor current activity concerning current plan for the child
209-27	2/26/2002	1	90			1	90	D						Contact with foster home staff to monitor current activity of the child to ensure plan is working for this child
210-28	3/30/2002	1	120			1	120	D						Contact with adoptive parents and child to monitor current activity of the child to ensure plan is working for this child
252-32	9/3/2002			1	15	1	15	C,D						Linkage with other professional regarding current progress being made by this child in plan implementation
253-32	9/10/2002			1	15	1	15	C						Linkage with other professional resulting in a referral to change appointment for child
254-32	9/16/2002	1	75			1	75	D						Visit to foster parent home including discussion with child to monitor current plan for this child
255-32	9/17/2002	1	15			1	15	D						Monitoring contact with foster mother regarding current situation in the home with this child
256-32	9/17/2002	1	15			1	15	C						Linkage contact with mental health professional regarding this child
262-34	12/6/2001			1	60	1	60	C						Linkage with mental health professionals regarding child's history needed for planning purposes
263-34	########	1	30			1	30	C						Linkage contact with other professional regarding the need for possible additional therapy for this child
264-35	7/2/2002			1	15	1	15	D						Monitoring contact with foster mother resulting in change in visitation time for birth mother
286-38	6/3/2002	1	30			1	30	D						Monitoring contact with foster mother regarding current situation in the home with this child
287-38	6/18/2002			1	75	1	75	D						Monitoring visit with child to ascertain if current plan is working for this child; conclusion that it is working well
335-46	5/3/2002	1	90			1	90	D						Monitoring visit with child to ascertain if current plan is working for this child and discussed changes that might be implemented
336-46	5/4/2002			1	120				1	120				Auditor will argue that no actual case management took place other than obtaining a signature
337-46	5/9/2002			1	15	1	15	C						Linkage contact to medical professional regarding evaluation for this child
338-46	5/9/2002	1	30			1	30	C						Linkage contact with mental health professional regarding this child
339-46	5/15/2002			1	15	1	15	C,D						Linkage contact with other professional regarding case management
340-46	5/20/2002			1	15	1	15	C,D						Linkage contact with other professional regarding case management
341-46	5/31/2002			1	45						1	45		No contact made does not appear to qualify as a case management service
343-48	2/6/2002			1	30				1	30				Auditor will argue this is adoption related rather than assessment and planning activity
344-49	3/11/2002			1	15	1	15	D						Contact from foster parent regarding planning issue relating to this child
345-49	3/20/2002	1	90			1	90	C,D						Linkage contact with medical provider regarding child's situation and contact with child to determine if plan is working
365-52	2/6/2002			1	15						1	15		Appears to be court related activity
366-52	2/8/2002	1	15			1	15	C						Linkage contact with other professional regarding child's medical condition
367-52	2/8/2002			1	15	1	15	D						Contact with child regarding monitoring of plan relating to clothing issue
368-52	2/12/2002			1	15	1	15	D						Contact with child regarding monitoring of plan relating to clothing issue
369-52	2/14/2002			1	15	1	15	D						Contact with child regarding monitoring of plan to ensure plan is working for this child
370-52	2/15/2002			1	15	1	15	B,D						Contact with child regarding change in plan and monitoring current situation
371-52	2/18/2002			1	15						1	15		Appears to be court related activity
372-52	2/19/2002			1	15						1	15		Phone call only, does not appear any case management occurred
373-52	2/19/2002			1	15						1	15		Appears to be court related activity

374-52	2/25/2002	1	15			1	15	C				1	15	Contact with child regarding dental visit referral
375-52	2/25/2002			1	15									Appears to be court related activity
376-52	2/26/2002			1	15	1	15	C,D						Linkage contact with other professional regarding monitoring of the plan for this child
377-52	2/27/2002			1	15	1	15	C,D						Linkage contact from other professional regarding issue that could affect planning for this child
378-52	2/27/2002	1	15			1	15	C						Linkage contact with other professional regarding obtaining medical information for planning purposes
379-52	2/27/2002	1	60			1	60	D						Contact with child to determine if current plan meeting needs of the child
380-52	2/28/2002	1	15			1	15	C						Linkage contact regarding child's medical diagnosis
385-54	9/3/2002	1	15			1	15	C						Linkage contact with health care provider relating to medical services for this child
386-54	9/3/2002	1	15			1	15	C						Linkage contact with mental health professional regarding this child
387-54	9/4/2002	1	15			1	15	C						Linkage contact with other professional regarding need of psychiatric evaluation for this child
388-54	9/4/2002	1	15			1	15	C						Referral request and linkage contact with other professional regarding needed medical services relating to this case
389-54	9/6/2002			1	45	1	45	A						Contact with family member to gather information needed to assist in planning process for this child
390-54	9/6/2002	1	60			1	60	D						Contact with child's mother regarding monitoring of plan for this child
391-54	9/11/2002	1	15			1	15	C						Linkage contact with medical professional regarding needed services for this child
392-54	9/25/2002	1	15			1	15	C						Linkage contact with medical provider regarding results of medical tests on this child
412-59	3/11/2002	1	30			1	30	D						Monitoring contact from foster parent regarding medical situation of child and discussion of potential change in plan for child
413-59	3/12/2002	1	30			1	30	D						Monitoring contact from foster parent regarding medical situation of child
414-59	3/12/2002	1	30			1	30	D						Monitoring contact with father of child regarding visits and potential changes in plan for this child
415-59	3/12/2002			1	120	1	120	D						Monitoring contact with foster parents and child to determine if current plan working for child & discuss potential future planning
416-59	3/20/2002			1	30	1	30	D						Monitoring contact with foster parent regarding the success of the current plan for this child
417-59	3/27/2002	1	30			1	30	D						Monitoring contact with foster parent regarding the success of the current plan for this child and potential future plans
437-62	7/1/2002			1	15				1	15				Auditor will argue this is adoption placement issue rather than assessment or planning for this child
451-67	6/19/2002			1	15							1	15	No actual contact made; appears no case management service occurred
452-67	6/24/2002	1	15			1	15	C						Linkage contact regarding child's psychiatric evaluation that was sent to appropriate individuals
453-68	10/1/2001			1	15							1	15	Phone call only, does not appear any case management occurred
454-68	########			1	15	1	15	C						Need for referral to arrange for transportation services related to plan for this child
455-68	########			1	15	1	15	C						Arranged for transportation referral related to plan for this child
456-68	########			1	15	1	15	C						Arranged for transportation referral related to plan for this child
457-68	########			1	45	1	45	D						Monitoring contact with child to determine if current plan is working successfully for this child
475-72	8/2/2002			1	15	1	15	D						Monitoring contact regarding change in planning and monitoring process for this child
476-72	8/9/2002			1	15	1	15	C						Linkage contact requesting approval of referral for out of state trip for this child relating to his plan activities
506-76	7/9/2002			1	15	1	15	D						Monitoring contact with other professional regarding planning issue for this child
507-76	7/26/2002			1	15	1	15	D						Monitoring contact with foster parent regarding information relating to planning for this child
508-76	7/26/2002			1	15	1	15	C,D						Linkage contact regarding situation with this child
509-76	7/29/2002			1	330				1	330				Auditor will argue this is placement activity rather than case planning
510-77	4/12/2002			1	15	1	15	C						Linkage contact with other professional regarding arrangement for a meeting (Does this mother have a plan or is it the child?)
511-77	4/24/2002			1	15	1	15	D						Monitoring contact with child's mother regarding activity that could affect planning process
536-83	2/2/2002	1	15			1	15	D						Monitoring contact with foster care provider indicating the need for medical intervention for this child
537-83	2/2/2002	1	15			1	15	C						Referral for psychiatric evaluation for this child
538-83	2/2/2002	1	15			1	15	C						Referral for psychiatric treatment for this child
539-83	2/4/2002	1	15			1	15	D						Monitoring contact with medical professional regarding current situation with child and how it could affect planning process
540-83	2/5/2002			1	105	1	105	B,C,D						Meeting with child & others to plan, make referrals & monitor current situation to determine next steps for this child
541-83	2/5/2002	1	30			1	30	D						Monitoring contact with child to determine if current plan is working successfully for this child & discuss any necessary changes
542-84	9/9/2002			1	15	1	15	D						Monitoring contact with parent in order to determine if plan is working for this child
543-84	9/13/2002			1	15	1	15	C						Linkage contact with foster care facility regarding arrangements for transportation for this child
544-84	9/30/2002			1	15	1	15	C						Linkage issue regarding transportation referral for this child
547-86	8/15/2002			1	30	1	30	D						Monitoring contact with medical professional regarding current situation with child (Reference Beverly not Clifford Mason?)
548-87	3/13/2002			1	15	1	15	C						Linkage contact with other professional regarding arrangement for visitation schedule
549-87	3/29/2002			1	15	1	15	C,D						Linkage contact relating to socialization for her child
551-89	2/7/2002			1	30	1	30	D						Monitoring contact with foster parent regarding situation that could affect the planning for this child
574-91	7/3/2002	1	15			1	15	D						Monitoring contact with foster parent to ensure plan is working for this child
575-91	7/3/2002			1	15	1	15	B,D						Monitoring contact with relative regarding visitation issue and plan change to ensure visitation continues
576-91	7/12/2002	1	75			1	75	D						Monitoring contact with foster parents and child to determine if current plan working for child & discuss potential future planning
577-91	7/18/2002	1	15			1	15	B,C						Referral for medication review change granted; changes in planning discussed with other professional involved in child's case
578-91	7/25/2002			1	15	1	15	D						Monitoring contact with foster parent to ensure plan is working for this child
579-91	7/26/2002			1	90	1	90	D						Monitoring contact with child in foster home to ensure plan is working for this child
580-92	2/13/2002	1	60			1	60	D						Monitoring contact regarding medical issue with contacts & issues with child's father that could affect planning for this child
581-92	2/18/2002	1	330			1	330	B						Involved child and foster care facility in planning process for child to participate in Youth Summit
582-92	2/20/2002			1	330				1	330				Auditor will argue this was actual activity rather than activity related to case management
593-96	3/12/2002			1	15	1	15	C,D						Linkage contact with other professional regarding information that could affect planning for this child
594-96	3/21/2002	1	15			1	15	D						Monitoring contact to determine if any action is necessary regarding plan for this child
598-98	3/1/2002			1	30	1	30	B,D						Contact with family to finalize plan for child and monitor situation with family as it relates to planning for this child
599-98	3/6/2002			1	60	1	60	A,B,D						Contact with father to obtain assessment information, review planning process & monitor current situation regarding this child
600-99	4/3/2002			1	15	1	15	D						Monitoring contact with mother regarding plans for her children (Is she or her children being case managed)
601-99	4/5/2002			1	30							1	30	Not enough information to establish if case management occurred
602-99	4/9/2002			1	15	1	15	D						Monitoring contact regarding visitation issue relating to her child
603-99	4/18/2002			1	15	1	15	C						Arranged for meeting with mother of her child
		105	3435	117	3780	171	4890		26	1875	25	450		

Case Review No	Date	No Op	Minutes	Unallowable	Minutes	Allowable	Minutes	Reason	Disputed	Minutes	Unallowable	Minutes	Comments
005-03	11/4/2002			1	75	1	75	D					Caseworker monitoring progress of plan through visit with foster parent
006-03	########			1	195	1	195	D					Caseworker monitoring progress of plan through a visit with the foster child
007-03	########			1	15	1	15	B					Changed plan by stopping clothing allowance for a period of time
044-05	11/1/2002			1	60	1	60	C,D					Provided needed linkage regarding current status of the plan to individuals involved in dealing with the case
045-05	11/1/2002			1	15				1	15			Could be argued to be to vague as only noted the case was discussed. No details of what was discussed
046-05	11/4/2002			1	15	1	15	C					Collateral contact meeting date established
047-05	11/4/2002			1	15						1	15	No specific activity noted
048-05	11/6/2002			1	135				1	135			Court related may not be considered as a case management activity
049-05	11/8/2002			1	15	1	15	D					Monitoring case to determine if change in plan is necessary
050-05	########			1	30	1	30	B					Discussion regarding change in plan for this child resulting in a different placement
051-05	########			1	15	1	15	D					Monitoring family situation to ensure case plan is carried out
052-05	########			1	30	1	30	D					Monitoring family situation to ensure case plan is carried out
053-05	########			1	15				1	15			Auditor could argue this is placement activity rather than monitoring case to ensure plan is carried out
054-05	########			1	30	1	30	D					Monitoring family situation to ensure case plan is carried out
055-05	########			1	15	1	15	D					Monitoring received information that mother did not visit her child as scheduled could affect case planning
056-05	########			1	30	1	30	B,D					Case planning change regarding mother visiting times and monitoring regarding mother's relationship with her child
066-08	3/10/2003	1	15			1	15	D					Caseworker monitoring visitation situation with foster parent
067-08	3/10/2003			1	15	1	15	D					Linkage with other individual involved in assuring case plan is carried out appropriately
068-08	3/10/2003			1	15	1	15	C					Linkage with other individual involved in assuring case plan is carried out appropriately
069-08	3/24/2003			1	15	1	15	D					Caseworker monitoring child's current status through contact with foster parent
070-08	3/25/2002			1	15	1	15	D					Monitoring case plan regarding visits to foster home to ensure plan is being carried out
071-08	3/26/2002			1	15						1	15	No activity only a request for a return call
072-08	3/28/2002	1	60			1	60	D					Contact with child to monitor if case plan is working
081-10	1/3/2003			1	30	1	30	D					Monitoring child's plan in current foster care setting
082-10	1/5/2003	1	15			1	15	D					Monitoring child's plan in current foster care setting
083-10	1/5/2003			1	15	1	15	D					Monitoring child's plan in current foster care setting
084-10	1/5/2003			1	15				1	15			Auditor may argue this was placement activity rather than a referral and linkage activity because call was to FC facility
085-10	1/5/2003			1	15	1	15	D					Monitoring child's plan in current foster care setting
086-10	1/5/2003			1	15	1	15	D					Monitoring child's plan in current foster care setting
087-10	1/5/2003			1	15				1	15			May be argued it was recording a phone call rather than actually monitoring the client
088-10	1/5/2003			1	120				1	120			While most activity related to monitoring some of the time involved potential placement activity
089-10	1/5/2003			1	15				1	15			They may argue this is a placement rather than monitoring activity
090-10	1/5/2003			1	15	1	15	D					Contact with current foster home in order to monitor current situation with the child
091-10	1/5/2003			1	120				1	120			They could argue this is placement rather than referral linkage activities
092-10	1/5/2003			1	30	1	30	D					Monitoring the change in plan regarding placement of this child
093-10	1/5/2003			1	15	1	15	D					Monitoring the change in plan regarding placement of this child
094-10	1/5/2003			1	15				1	15			They may argue this is a placement activity rather than a referral linkage activity
095-10	1/6/2003			1	15	1	15	D					Monitoring to determine if modifying plan for child is successful
096-10	1/6/2003			1	90				1	90			They may argue this is part of placement rather than care planning or monitoring activities
097-10	1/6/2003			1	15	1	15	C,D					Linkage with other individual involved in assuring case plan is carried out appropriately
098-10	1/7/2003			1	30	1	30	C,D					Linkage with other individual involved in assuring case plan is carried out appropriately
099-10	1/8/2003			1	15	1	15	D					Contact with child to monitor if case plan is working
100-10	1/8/2003			1	15	1	15	D					Monitoring to determine if plan regarding foster parent needs to be modified
101-10	1/9/2003	1	15			1	15	C					Referral regarding a medical problem with the child
102-10	1/11/2003	1	15			1	15	C					Referral regarding a medical problem with the child
103-10	1/14/2003			1	15	1	15	C					Referral of child for assessment
104-10	1/14/2003			1	15	1	15	D					Contact with child regarding referral appointment
105-10	1/16/2003			1	120	1	120	B,D					Plan modification for child and monitoring to ensure plan is successful
106-10	1/22/2003			1	15	1	15	C					Referral regarding clothing allowance issue
107-10	1/23/2003			1	15	1	15	D					Contact with child to assist in monitoring plan objectives
108-10	1/24/2003	1	15			1	15	C					Referral regarding a medical problem with the child
109-10	1/28/2003			1	15	1	15	C,D					Monitoring to ensure plan is successful
121-12	9/10/2003	1	30			1	30	D					Contact with parent in order to monitor to ensure plan objectives are met
122-12	9/10/2003			1	15	1	15	C,D					Linkage with other individual involved in assuring case plan is carried out appropriately
123-12	9/29/2003			1	15						1	15	No activity only a telephone call that went unanswered
125-14	12/3/2002			1	15	1	15	B,D					Parent contact required change in plan for visitation with the child in this case
126-14	12/3/2002	1	15			1	15	C					Referral for mental health service for the child
127-14	12/3/2002	1	15			1	15	D					Parent contact regarding child's referral for mental health services
128-14	12/3/2002			1	15	1	15	B,D					Discussion with parent concerning need for change in plan for daycare; also monitoring current situation with parent
129-14	12/5/2002			1	15	1	15	C					Referral for transportation services
130-14	12/5/2002			1	60	1	60	B,D					Discussion with parent concerning need for change in plan for daycare; also monitoring current situation with parent
131-14	########			1	15	1	15	B					Plan change to allow child to stay overnight at different location
132-14	########			1	15	1	15	C,D					Contact with family member regarding potential respite service for child
133-14	########			1	15	1	15	D					Monitoring transportation situation for the child
134-14	########			1	15	1	15	D					Monitoring transportation situation for the child
135-14	########			1	15	1	15	C,D					Monitoring transportation situation for the child and referral for transportation services
136-14	########			1	15	1	15	D					Monitoring current situation to ensure plan is working successfully
137-14	########			1	15	1	15	C					Change in referral due to weather
138-14	########			1	15	1	15	D					Monitoring parent involvement to ensure plan is working successfully
140-16	2/5/2003			1	30	1	30	D					Contact from child requesting meeting to discuss his plan; meeting time established
145-18	6/20/2003			1	15	1	15	C,D					Linkage with other individual involved in assuring case plan is carried out appropriately
152-20	1/13/2003			1	120	1	120	B					Appears to be case planning activities for change in the planning process
153-20	1/16/2003	1	120			1	120	B,D					Visit to foster home results in planning for visitation and monitoring of current situation to ensure plan is working
154-20	1/16/2003			1	120	1	120	D					Monitoring visit to foster home to determine if plan is working successfully

155-20	1/27/2003	1	120			1	120	B,D						Planning issues discussed with foster parents and update regarding monitoring of current plan
156-20	1/30/2003	1	15			1	15	C						Linkage with mental health professional regarding medical evaluation of the child
165-22	5/6/2003			1	15						1	15		Only left telephone message no activity appeared to occur
166-22	5/14/2003	1	15			1	15	D						Contact with child in order to monitor to determine if current plan is working successfully
167-22	5/14/2003			1	45						1	45		Went to home but no one home; no activity actually occurred
168-22	5/19/2003			1	90	1	90	B,D						Discussion of current plan to determine if any change necessary; also monitoring of current foster care situation
169-23	2/4/2003	1	15			1	15	C,D						Linkage with other individual involved in assuring case plan is carried out appropriately
170-24	12/3/2002			1	15	1	15	D						Monitoring case through contact with parent to determine if any change in plan is necessary
171-24	12/9/2002			1	45	1	45	B,D						Planning meeting to determine any changes required also discussion of current status for monitoring purposes
172-24	12/9/2002	1	120			1	120	D						Contact with child to determine if current plan is working successfully
211-29	11/1/2002	1	15			1	15	D						Contact with foster parent to monitor current situation with this child regarding need for special glasses
212-29	11/4/2002			1	15	1	15	C,D						Linkage with individual involved in assuring proper planning for this child
213-29	11/5/2002	1	15			1	15	D						Contact with foster parent to monitor current situation including need to change physician for the child
214-29	11/6/2002	1	15								1	15		Telephone call with no response; No actual contact occurred
215-29	11/8/2002	1	15			1	15	C						Linkage with health care provider to ensure medical care is provided to the child
216-29	11/8/2002			1	15	1	15	D						Contact with parent in order to monitor to ensure plan objectives are met
217-29	11/8/2002			1	15						1	15		Appears to be related to foster care placement
218-29	########			1	15	1	15	D						Contact with foster mother to set up visit and monitor current activity within the foster home
219-29	########	1	45			1	45	D						Contact with foster parent and child to monitor current activity to ensure plan for child is successful
220-29	########			1	15						1	15		While this appears to be a legitimate linkage contact the time overlaps with the service above
221-29	########			1	30	1	30	C,D						Linkage with other professionals to determine if plan for child is working
222-29	########			1	15						1	15		Only a telephone call requesting a call back; No case management appeared to take place
223-29	########			1	15						1	15		Appears to be related to home study rather than case management
224-29	########			1	15	1	15	C						Referral contact for evaluation for individual involved in this child's care planning
225-29	########			1	15						1	15		Appears to be related to home study rather than case management
226-29	########			1	15	1	15	D						Contact with family member regarding monitoring of visits for this child
227-29	########			1	15	1	15	D						Contact with foster parent regarding monitoring to ensure plan is successful
228-29	########			1	15	1	15	C						Referral request for transportation services
229-29	########	1	15			1	15	D						Contact with foster parent regarding monitoring of child's medical condition
230-30	3/3/2003			1	15						1	15		Narrative unclear regarding what service was provided
231-30	3/7/2003			1	15	1	15	C						Referral allowing child to complete certain activities that are part of plan for this child
232-30	3/13/2003			1	15						1	15		Narrative unclear unable to establish that a case management activity occurred
233-30	3/14/2003			1	45	1	45	C						Referral activity relating to this child's care plan
234-30	3/14/2003			1	15	1	15	D						Contact with mother regarding monitoring of plan relating to child's future
235-30	3/25/2003	1	120			1	120	D						Contact with child and foster parent to monitor activities to determine if plan is being successfully implemented
236-31	9/4/2003			1	45	1	45	D						Contact with former foster mom regarding her contact with child and relates to monitoring of plan implementation
237-31	9/15/2003	1	90			1	90	D						Contact with adoptive father to monitor current situation and determine if plan change may become necessary
238-31	9/16/2003	1	165			1	165	C,D						Referral regarding hospital admission & monitoring of situation to determine next steps in planning for this child
239-31	9/18/2003	1	45			1	45	D						Contact with adoptive family monitoring current situation for child while in the hospital
240-31	9/18/2003			1	30	1	30	C,D						Linkage contact with mental health professional regarding this child
241-31	9/18/2003	1	45			1	45	D						Contact with the child in the hospital to monitor progress
242-31	9/19/2003	1	45			1	45	C,D						Linkage contact regarding possible abuse situation in pre-adoptive home
243-31	9/23/2003			1	45	1	45	C,D						Linkage contact regarding the monitoring of return of the child to the pre-adoptive family
244-31	9/23/2003			1	45				1	45				Auditor will argue this is placement activity rather than assessment
245-31	9/23/2003	1	75			1	75	D						Contact with pre-adoptive family monitoring current situation. Also time overlap with narrative above
246-31	9/24/2003			1	60	1	60	A,B,D						Contact with family to assess situation and modify plan regarding adoption & monitored current situation in the home
247-31	9/25/2003	1	75			1	75	D						Contact with family and monitoring current situation to determine if plan change needed
248-31	9/25/2003			1	30				1	30				Auditor will argue this is placement activity rather than linkage and case planning
249-31	9/29/2003	1	45			1	45	C						Linkage with other professional resulting in need for a referral to mental hospital
250-31	9/29/2003			1	75	1	75	D						Contact with birth mother regarding monitoring of plan as it relates to birth mother visits etc
251-31	9/30/2003	1	75			1	75	C						Linkage with other professional and referral for the child to a mental hospital setting
257-33	8/29/2003	1	90			1	90	A,B						Contact with family to gather information and begin modification of plan for this child
258-33	8/29/2003			1	15						1	15		Appears no case management activity occurred
259-33	8/29/2003	1	15			1	15	C						Referral to send medical records for this child
260-33	8/29/2003	1	15			1	15	C						Referral to send medical records for this child
261-33	8/29/2003	1	15								1	15		Cannot establish if actual referral occurred based on narrative
265-36	5/1/2003			1	15	1	15	C,D						Linkage with other professional regarding current status for this child
266-36	5/1/2003			1	30	1	30	D						Monitored current situation regarding plan with this child through review if information from foster parent
267-36	5/2/2003	1	15			1	15	C						Medical referral for this child
268-36	5/7/2003			1	15	1	15	C						Linkage contact with mental health professional regarding referral appointment for this child
269-36	5/8/2003			1	15	1	15	C						Linkage contact with mental health professional regarding referral appointment for this child
270-36	5/8/2003	1	60			1	60	D						Meeting to review current activities and medical interventions to ensure plan is working for this child
271-36	5/8/2003			1	15	1	15	C,D						Linkage contact from other professional regarding monitoring of child's current situation
272-36	5/9/2003	1	15			1	15	C,D						Linkage contact from other professional regarding monitoring of child's current situation
273-36	5/12/2003	1	15			1	15	C,D						Linkage contact from other professional regarding monitoring of child's current situation
274-36	5/14/2003	1	60			1	60	A,B						Meeting with other professional staff to assess and plan for child's future educational needs
275-36	5/15/2003	1	15			1	15	C,D						Linkage contact from other professional regarding monitoring of child's current situation
276-36	5/15/2003			1	15	1	15	C,D						Linkage contact from other professional regarding monitoring of child's current situation
277-36	5/15/2003	1	60			1	60	D						Meeting to review current activities and medical interventions to ensure plan is working for this child
278-36	5/21/2003	1	15			1	15	C						Linkage contact with mental health professional regarding progress regarding therapy sessions
279-36	5/22/2003	1	60			1	60	D						Meeting to review current activities and medical interventions to ensure plan is working for this child
280-36	5/23/2003			1	15	1	15	C,D						Linkage contact from other professional regarding monitoring of child's current situation
281-36	5/27/2003			1	15	1	15	D						Monitoring contact with foster parent to determine of plan for this child is working
282-36	5/27/2003	1	15			1	15	C,D						Linkage contact to obtain information regarding child's educational situation
283-36	5/28/2003			1	15	1	15	C,D						Linkage contact from other professional regarding monitoring of child's current situation

284-37	8/15/2003	1	60			1	60	D						Monitoring visit to foster home to determine if plan is working successfully
285-37	8/28/2003			1	15							1	15	Appears to be placement related activity
288-39	2/4/2003	1	30						1	30				Auditor could argue this is placement activity rather than assessment
289-39	2/4/2003			1	15				1	15				Auditor could argue this is placement activity rather than assessment
290-39	2/4/2003	1	15			1	15	C						Medical referral for this child
291-39	2/7/2003	1	15			1	15	C						Linkage contact regarding mental health service for this child
292-39	2/7/2003			1	15							1	15	Narrative unclear regarding what service was provided
293-39	2/12/2003	1	60			1	60	D						Monitoring visit to foster home to determine if plan is working successfully
294-39	2/12/2003			1	60	1	60	D						Monitoring visit with child to determine if plan is working successfully
295-39	2/20/2003	1	30			1	30	D						Monitoring meeting to determine if plan is working successfully
296-40	10/8/2002	1	15			1	15	D						Received information regarding medical condition of child necessary for monitoring plan
297-40	########			1	30	1	30	D						Monitoring meeting to determine if plan is working successfully
298-41	1/13/2003	1	240			1	240	D						Monitoring contact with foster parents and child to determine if plan is working successfully
299-42	8/1/2003			1	15							1	15	Appears to be a placement issue
300-42	8/1/2003			1	15							1	15	Appears to be a placement issue
301-42	8/5/2003			1	15	1	15	D						Contact from child regarding her current situation for monitoring purposes
302-42	8/6/2003			1	15							1	15	Appears to be a placement issue
303-42	8/6/2003			1	15							1	15	Appears to be a placement issue
304-42	8/6/2003			1	15							1	15	Appears to be a placement issue
305-42	8/6/2003	1	30						1	30				Auditor will argue this is a placement issue rather than a linkage or monitoring issue
306-42	8/6/2003			1	30				1	30				Auditor will argue this is a placement issue rather than a linkage or monitoring issue
307-42	8/6/2003			1	15							1	15	Appears to be a placement issue
308-42	8/6/2003	1	15									1	15	Appears to be a placement issue
309-42	8/8/2003			1	15							1	15	Not enough in narrative to determine nature of the service
310-42	8/8/2003			1	30	1	30	C						Referral made from transportation services
311-42	8/8/2003			1	15	1	15	C,D						Linkage with other professional regarding planning for this child
312-42	8/19/2003			1	15	1	15	D						Contact from child regarding her current situation for monitoring purposes
313-42	8/21/2003	1	15			1	15	C,D						Linkage with other mental health professional regarding information important for planning and monitoring purposes
314-42	8/28/2003			1	15							1	15	Not enough in narrative to determine nature of the service
315-42	8/28/2003			1	15	1	15	D						Contact from foster parent relating to monitoring to ensure plan is working successfully
316-42	8/28/2003	1	30			1	30	D						Contact from child relating to the monitoring of her current situation and how it could affect planning for this child
317-42	8/28/2003	1	15			1	15	C,D						Linkage with other professional regarding child's situation and how it could affect planning for this child
318-43	6/5/2003			1	15							1	15	Appears to be home study related
319-43	6/9/2003			1	15							1	15	Appears to be home study related
320-43	6/9/2003			1	15	1	15	C,D						Linkage with other professionals regarding a cancellation of a planning meeting
321-43	6/9/2003			1	15							1	15	Does not appear to be relating to case management
322-43	6/19/2003			1	150				1	150				Auditor will argue this is a placement issue rather than an assessment, planning or linkage service
323-43	6/20/2003			1	30	1	30	B,D						Contact with other professional relating to future planning for this child and monitoring to ensure needs are met
324-43	6/20/2003			1	15				1	15				Auditor will argue this is a placement issue rather than a linkage or monitoring issue
325-43	6/25/2003			1	15							1	15	Appears to be home study related
326-43	6/25/2003			1	15							1	15	Appears to be placement related activity
327-44	9/8/2003			1	15	1	15	D						Contact with child regarding her current situation for monitoring purposes
328-45	4/3/2003			1	15	1	15	D						Contact from foster parent relating to monitoring to ensure plan is working successfully
329-45	4/7/2003	1	15			1	15	D						Contact from foster parent relating to monitoring to ensure plan is working successfully
330-45	4/14/2003			1	15	1	15	D						Contact from mother regarding need for transportation as it relates to planning for the child
331-45	4/16/2003			1	15	1	15	D						Contact from foster parent relating to monitoring to ensure plan is working successfully
332-45	4/16/2003			1	15	1	15	D						Contact with mother regarding planning and monitoring activities for this child
333-45	4/16/2003			1	15	1	15	B						Provided information to foster parent regarding change in planning for this child
334-45	4/23/2003			1	15							1	15	Not enough in narrative to determine nature of the service
342-47	5/5/2003			1	30	1	30	D						Contact from foster parent relating to monitoring to ensure plan is working successfully
346-50	9/2/2003			1	15	1	15	B,C,D						Linkage contact with other professional regarding planning for this child
347-50	9/2/2003			1	15	1	15	B,C,D						Linkage contact with other professional regarding planning for this child
348-50	9/3/2003			1	30	1	30	B,C,D						Linkage contact with other professional regarding planning for this child
349-50	9/3/2003			1	15							1	15	Just left message, appears no actual case management occurred
350-50	9/3/2003			1	15	1	15	D						Contact with child's mother regarding monitoring of planning for this child
351-50	9/9/2003	1	15			1	15	B,C,D						Linkage contact with other professional regarding planning for this child
352-50	9/10/2003			1	15	1	15	B,C,D						Linkage contact with other professional regarding planning for this child
353-50	9/15/2003			1	30				1	30				Auditor will argue this is court related activity
354-50	9/15/2003	1	30			1	30	D						Contact with child's mother regarding monitoring of planning for this child
355-50	9/17/2003			1	60							1	60	Appears to be court related
356-50	9/18/2003			1	30	1	30	C,D						Contact with other professional regarding monitoring to ensure plan is working successfully
357-50	9/19/2003			1	15							1	15	Appears to be placement related activity
358-50	9/19/2003			1	15							1	15	Telephone call with no response; No actual contact occurred
359-50	9/22/2003			1	30	1	30	D						Contact with child's mother regarding monitoring of planning for this child
360-50	9/23/2003	1	225			1	225	B,D						Contact with child to determine if current plan is working successfully and whether change in plan in her best interest
361-50	9/24/2003			1	15	1	15	C,D						Contact with other professional regarding monitoring to ensure plan is working successfully
362-50	9/30/2003			1	15	1	15	C,D						Contact with other professional regarding planning issue for this child
363-51	########	1	15			1	15	C,D						Linkage contact with other professional regarding monitoring to ensure plan in working successfully
364-51	########	1	15			1	15	C						Linkage contact from other professional regarding educational referral issue
381-53	7/3/2003			1	15	1	15	D						Contact from parents regarding monitoring of planning process for this child
382-53	7/9/2003			1	45	1	45	C						Transportation referral and linkage contact with other professional regarding monitoring visit for this child
383-53	7/15/2003			1	15							1	15	Phone call made no actual case management appeared to occur
384-53	7/25/2003			1	30	1	30	C,D						Linkage contacts with other professionals regarding the monitoring of visits relating to child's plan of care
393-55	########			1	90	1	90	A,D						Assessment information obtained from father of child and also monitoring situation with parent relating to plan for child
394-55	########			1	15	1	15	C,D						Linkage contact with other professional regarding situation with parent that could affect plan for this child

395-55	########			1	15	1	15	D					Monitoring transportation situation with family member that could affect planning for this child
396-55	########	1	60			1	60	D					Monitoring visit with foster parents; child and other professionals to determine if plan is working successfully
397-55	########			1	15	1	15	C,D					Linkage contact from other professional regarding visit issue by child's father that could affect planning for this case
398-56	6/2/2003			1	15	1	15	C					Linkage contact with other professional regarding a referral for this child
399-56	6/2/2003			1	15	1	15	C,D					Linkage contact with other professional regarding a possible need to change plan for this child
400-56	6/2/2003			1	15				1	15			Auditor will argue this is placement related
401-56	6/2/2003			1	15	1	15	C,D					Linkage contact with other professional regarding the status of plan for this child
402-56	6/2/2003			1	15	1	15	D					Monitoring contact regarding situation that could affect planning for this child
403-56	6/2/2003			1	45	1	45	D					Monitoring contact regarding situation that could affect planning for this child
404-56	6/3/2003			1	15	1	15	C,D					Linkage contact with other professional regarding issue with child sexual offense that could affect planning for this child
405-56	6/4/2003			1	300	1	300	A,D					Contact with child and others to assess future plan for this child and monitor current situation
406-56	6/11/2003			1	15	1	15	A					Assessing information to determine future planning for this child
407-57	########			1	15						1	15	Narrative did not indicate any case management activity occurred
408-58	8/5/2003			1	15	1	15	C,D					Arranged for transportation services and monitoring contact with family regarding monitoring of plan activities
409-58	8/12/2003			1	15	1	15	C					Arranged for transportation service for this child
410-58	8/12/2003			1	30	1	30	D					Monitoring contact with mother to determine if plan is working for this child
411-58	8/25/2003			1	15	1	15	C,D					Linkage contact with other professional regarding recreational services for this child
418-60	6/4/2003			1	15						1	15	Phone call only appears no actual contact made; no case management activity occurred
419-60	6/4/2003			1	15	1	15	C					Linkage contact with mental health professional regarding psychiatric evaluation relating to child's plan
420-60	6/4/2003			1	15	1	15	D					Monitoring contact with father of child regarding his medical issues that affect planning for this child
421-60	6/4/2003			1	15						1	15	Sending notice of meeting may not be considered an actual case management activity
422-60	6/5/2003			1	15						1	15	Sending notice of meeting may not be considered an actual case management activity
423-60	6/6/2003			1	15	1	15	D					Monitoring contact with foster parents regarding meeting to discuss child's plan
424-60	6/12/2003			1	15						1	15	Phone call only appears no actual contact made; no case management activity occurred
425-60	6/12/2003			1	15	1	15	D					Monitoring contact with parent regarding meeting to discuss child's plan
426-60	6/12/2003			1	15						1	15	Phone call only appears no actual contact made; no case management activity occurred
427-60	6/16/2003			1	15						1	15	Appears to be court related likely not considered case management activity
428-60	6/16/2003			1	15						1	15	Appears to be court related likely not considered case management activity
429-60	6/16/2003			1	15	1	15	C					Contact to determine if referral for transportation needed
430-60	6/23/2003	1	15			1	15	D					Monitoring contact with family to determine if plan is meeting the needs of this child
431-60	6/23/2003			1	15	1	15	C,D					Linkage contact regarding arranging meeting relating to planning for this child
432-60	6/24/2003			1	15	1	15	D					Monitoring contact to determine if current planning process is working for this child
433-60	6/24/2003			1	15	1	15	D					Monitoring contact to determine if current planning process is working for this child
434-60	6/25/2003			1	15	1	15	D					Monitoring contact regarding the current planning process for this child
435-61	10/3/2002	1	15			1	15	D					Monitoring contact regarding child's current medical situation
436-61	10/7/2002			1	15	1	15	C					Linkage contact with mental health professional regarding need for additional referral for this child
438-63	########			1	15						1	15	Phone call only appears no actual contact made; no case management activity occurred
439-63	########			1	15						1	15	Appears to be home study related
440-63	########			1	15	1	15	C					Linkage contact regarding the need for medical referral
441-63	########			1	15	1	15	C					Authorized medical referral for this child
442-64	12/2/2002			1	15	1	15	D					Monitoring contact with foster parents to determine if plan is working for this child
443-64	12/3/2002			1	15	1	15	C					Making arrangement for social contact with child's mother
444-64	12/3/2002			1	15	1	15	D					Monitoring contact with foster parent to ensure he is aware of plan for social visit from child's mother
445-64	12/3/2002			1	15	1	15	D					Monitoring contact with mother to ensure arrangement for visit will work as included in child's plan
446-64	########			1	30	1	30	D					Monitoring contact with foster parent regarding this child's plan
447-64	########			1	15						1	15	Phone call only appears no actual contact made; no case management activity occurred
448-64	########			1	15	1	15	D					Monitoring contact with foster parents to determine if plan is working for this child
449-65	3/25/2003			1	60	1	60	D					Monitoring contact in home to determine and discuss if plan for child is being successfully carried out
450-66	12/9/2002			1	30	1	30	D					Monitoring contact with birth mother to determine if current plan is working for this child
458-69	9/2/2003			1	15						1	15	Phone call only appears no actual contact made; no case management activity occurred
459-69	9/4/2003	1	15			1	15	D					Monitoring contact with child to determine if plan is working successfully for this child
460-69	9/9/2003			1	15						1	15	No actual contact made; appears this is not an actual case management service
461-69	9/10/2003			1	15	1	15	C					Referral process to ensure communication with child
462-69	9/16/2003	1	15			1	15	D					Monitoring contact with child regarding needs to ensure plan is working for this child
463-69	9/19/2003			1	15	1	15	C					Referral process to ensure communication with child
464-69	9/22/2003	1	45			1	45	D					Monitoring contact with child regarding planning for education & transportation issues relating to the plan
465-69	9/26/2003			1	15	1	15	D					Monitoring contact with child regarding her mother's visit
466-69	9/29/2003	1	15			1	15	D					Monitoring contact with child regarding education plan and other issues related to carrying out successful plan
467-70	2/21/2003			1	15				1	15			Auditor will argue that no actual case management took place because no contact made; only a message left
468-71	12/2/2002	1	90			1	90	D					Monitoring meeting to determine if plan is working successfully
469-71	12/3/2002	1	15			1	15	D					Monitoring contact regarding process child is making in education area
470-71	12/5/2002	1	75			1	75	D					Monitoring contact with child to determine if plan is working successfully for this child
471-71	12/9/2002			1	45	1	45	D					Monitoring contact with foster care facility to discuss issues relating to the plan for this child
472-71	########			1	30	1	30	D					Monitoring contact with mental health professional to get update on progress child is making regarding his plan
473-71	########			1	15	1	15	D					Monitoring contact with foster care facility regarding incidents that could affect future planning for this child
474-71	########			1	15	1	15	D					Monitoring contact with foster care facility regarding incidents that could affect future planning for this child
477-73	3/4/2003			1	15				1	15			Auditor will argue this is placement activity rather than planning activity for the child
478-73	3/4/2002			1	15	1	15	C,D					Auditor will argue this is placement activity rather than planning activity for the child
479-73	3/12/2003	1	90			1	90	A,B,D					Linkage contact to arrange for meeting with child and other professionals involved in this child's case activities
480-73	3/12/2003			1	15	1	15	D					Meeting with child to assess, plan and monitor situation to determine next steps in plan development for this child
481-73	3/12/2003	1	30			1	30	D					Monitoring contact with school professional to determine if plan is working for this child
482-73	3/14/2003	1	15			1	15	D					Monitoring contact with foster parent to determine of plan for this child is working
483-73	3/17/2003			1	15				1	15			Monitoring contact with mental health professional to get update on progress child is making regarding his plan
484-73	3/19/2003			1	15	1	15	C,D					Auditor would argue this is placement activity rather than planning or assessing
485-73	3/20/2003			1	30	1	30	D					Linkage & monitoring contact with other professional involved with child to review status of plan for this child
													Monitoring contact with health care professional regarding information that could affect plan for this child

486-73	3/20/2003			1	15	1	15	D						Monitoring contact with foster parent regarding information that could affect plan for this child
487-73	3/20/2003			1	15	1	15	D						Monitoring contact with foster parent regarding information that could affect plan for this child
488-73	3/25/2003	1	15			1	15	C,D						Linkage & monitoring contact with school staff regarding educational planning for this child
489-73	3/25/2003	1	90			1	90	D						Monitoring contact with other professionals regarding child's progress in meeting goals related to his plan
490-73	3/27/2003			1	15				1	15				Auditor will argue this is adoption activity rather than related to assessment and planning for the child
491-73	3/27/2003			1	15				1	15				Auditor will argue this is adoption activity rather than related to assessment and planning for the child
492-73	3/27/2003			1	15				1	15				Auditor will argue this is adoption activity rather than related to assessment and planning for the child
493-73	3/27/2003			1	45				1	45				Auditor will argue this is adoption activity rather than related to assessment and planning for the child
494-73	3/27/2003			1	15				1	15				Auditor will argue this is adoption activity rather than related to assessment and planning for the child
495-73	3/27/2003			1	15	1	15	D						Monitoring contact from foster parents regarding child's reaction to potential change in plan for this child
496-73	3/28/2003			1	45	1	45	D						Part of contact was for monitoring regarding child's reaction to potential change in plan for this child
497-73	3/28/2003			1	15	1	15	D						Monitoring contact with foster parent regarding change in plan for this child
498-73	3/29/2003			1	15				1	15				Auditor will argue this is adoption activity rather than related to assessment and planning for the child
499-73	3/31/2003			1	15				1	15				Auditor will argue this is adoption activity rather than related to assessment and planning for the child
500-73	3/31/2003			1	15	1	15	B,C						Linkage contact with other professional regarding a need to change planning process for this child
501-73	3/31/2003			1	15	1	15	D						Monitoring contact with mental health professional who agreed that plan change is positive for this child
502-74	1/23/2003	1	75			1	75	B,D						Case planning and monitoring meeting including medical issues relating to reaching positive outcome for this child
503-74	1/24/2003			1	15	1	15	D						Monitoring contact regarding child's past experience that could affect planning in the future
504-75	11/1/2002	1	30			1	30	D						Monitoring contact from other professional regarding medical & other information that could affect planning for this child
505-75	########	1	75			1	75	B,D						Planning and monitoring meeting with child's mother & others to determine what action best for this child
512-78	6/2/2003			1	15							1	15	Narrative unclear as to whether a service was actually provided
513-78	6/3/2003	1	15			1	15	D						Monitoring contact from foster parent regarding educational issue that could affect planning for the child
514-78	6/11/2003	1	15			1	15	D						Monitoring contact with foster parent regarding medical and transportation issues for this child
515-78	6/16/2003	1	30			1	30	C,D						Referral for physician visit & monitoring of progress in educational setting for this child
516-78	6/16/2003	1	90			1	90	B,D						Monitoring meeting concerning educational issues for the child and how it will affect planning for this child
517-78	6/19/2003	1	15			1	15	D						Monitoring contact with foster parent regarding progress on the plan for this child
518-78	6/30/2003			1	15							1	15	Appears to relate to home study issues rather than case management
519-78	6/30/2003	1	15			1	15	D						Monitoring contact with child including arrangement for meeting relating to carrying out plan for this child
520-79	########	1	15			1	15	A						Assessment information regarding planning for this child
521-79	########	1	15			1	15	D						Monitoring contact with health care professional regarding carrying out plan for this child
522-79	########	1	30			1	30	D						Monitoring contact with health care professional regarding carrying out plan for this child
523-79	########	1	30			1	30	A,B,D						Contact with health care professional regarding assessment, planning and monitoring for plan for this child's baby
524-79	########			1	30	1	30	C						Referral for health care professional to visit child regarding planning for mother and child
525-79	########			1	15	1	15	C						Arranged for medical test for this child
526-80	12/4/2002			1	15	1	15	D						Monitoring contact regarding major issue that could affect planning for this child
527-80	12/4/2002			1	15	1	15	D						Monitoring contact regarding major issue that could affect planning for this child
528-80	12/5/2002			1	30				1	30				Auditor will argue this is placement issue not a planning issue
529-80	12/5/2002			1	30	1	30	D						Monitoring contact regarding major issue that could affect planning for this child
530-80	12/6/2002			1	30	1	30	C,D						Linkage contact to arrange for meeting with child and other professionals involved in this child's case activities
531-80	########			1	15	1	15	D						Monitoring contact regarding issue that could affect planning for this child
532-81	1/21/2003	1	120			1	120	D						Monitoring visit with child and others to determine if plan is working successfully
533-82	12/4/2002			1	30	1	30	C,D						Linkage contact to arrange for meeting for planning purposes for this child
534-82	########			1	30	1	30	D						Monitoring contact with other professional to determine if plan is being implemented successfully
535-82	########			1	15	1	15	C,D						Arranged for day care for child & monitoring contact with day care provider to ensure plan is working for this child
545-85	3/21/2003			1	15	1	15	D						Monitoring contact regarding implementation of plan for this child
546-85	3/21/2003	1	30			1	30	B						Contact regarding the implementation of the plan for this child
550-88	########			1	30	1	30	D						Monitoring contact from health care professional regarding sexual information that could affect planning for this child
552-90	########			1	15	1	15	D						Monitoring contact regarding child leaving care that could affect planning effort for this child
553-90	########			1	30	1	30	D						Monitoring contact regarding child concerning safety issues that could affect planning effort for this child
554-90	########			1	30	1	30	B,D						Plan change necessary due to child not cooperating with foster family based on monitoring contact
555-90	########			1	15	1	15	D						Monitoring contact regarding child leaving care that could affect planning effort for this child
556-90	########			1	30	1	30	D						Monitoring contact with foster parent to ensure modified plan is working for this child
557-90	########	1	15			1	15	C,D						Referral approved for medical appointment; also monitoring of current situation with this child
558-90	########	1	15			1	15	D						Monitoring contact with foster parent regarding child's current medical condition
559-90	########	1	30			1	30	D						Monitoring contact with family regarding child's current mental condition that could affect planning for this child
560-90	########	1	15			1	15	D						Monitoring contact regarding child's current medical situation and plans for discharge from hospital
561-90	########	1	15			1	15	D						Monitoring contact with health professional regarding issue with discharge from hospital
562-90	########	1	15			1	15	B,D						Plan change to allow child to return to mother's care based on monitoring contact with medical professional
563-90	########	1	15			1	15	D						Monitoring contact from physician regarding child's situation & how it will affect planning for this child
564-90	########			1	15	1	15	D						Monitoring contact to ensure that current plan is working for this child
565-90	########			1	15	1	15	C,D						Referral relating to educational issue authorized & monitoring continued to ensure current plan is working for this child
566-90	########			1	15	1	15	D						Monitoring contact based on recommendation from professional to ensure current plan is working for this child
567-90	########			1	15	1	15	D						Monitoring contact based on recommendation from professional to ensure current plan is working for this child
568-90	########			1	15	1	15	D						Monitoring contact based on recommendation from professional to ensure current plan is working for this child
569-90	########			1	15	1	15	D						Monitoring contact based on recommendation from professional to ensure current plan is working for this child
570-90	########			1	15	1	15	D						Monitoring contact based on recommendation from professional to ensure current plan is working for this child
571-90	########			1	15	1	15	D						Monitoring contact based on recommendation from professional to ensure current plan is working for this child
572-90	########			1	15	1	15	D						Monitoring contact based on recommendation from professional to ensure current plan is working for this child
573-90	########			1	15							1	15	Court related may not be considered as a case management activity
583-93	8/11/2003					1	90	B,D						Contact with child to monitor if case plan is working and modify plan to meet ongoing needs of the child
584-93	8/12/2003	1	90											Monitoring contact with child and foster care workers to ensure plans is working for this child
585-93	8/12/2003			1	60	1	60	D						Linkage with mental health professional regarding new approach to therapy & monitoring of current situation with child
586-93	8/15/2003	1	15			1	15	C,D						Planning & monitoring meeting with foster parents & others to ensure plan is working for this child
587-94	9/16/2003	1	75			1	75	B,D						Monitoring contact with physician regarding child's mental health condition & how it could affect future planning
588-94	9/29/2003	1	45			1	45	D						

589-95	6/9/2003			1	240						1	240	Court related may not be considered as a case management activity
590-95	6/11/2003			1	15	1	15	D					Monitoring contact to ensure that current plan is working for this child (Is Debra the mother & therefore case managed)
591-95	6/16/2003			1	30	1	30	D					Monitoring contact regarding visits to ensure plan for child is being carryout out successfully
592-95	6/24/2003			1	15	1	15	B					Request for change in planning for mother's visit to her children
595-97	1/3/2003	1	15			1	15	C,D					Referral made for providing medication & monitoring contact to ensure plan for child is successful
596-97	1/7/2003	1	15			1	15	C					Referral for medication prescription for this child
597-97	1/13/2003	1	15			1	15	C					Referral for change in primary care physician for this child
604-100	########	1	75			1	75	D					Monitoring visit with child and foster care providers to ensure that plan for this child is successful
		109	4515	273	7125	297	9375		31	1155	54	1110	