Billing Guidelines for Targeted Case Management

Effective: February 1, 2026

TEXAS
Health and Human Services

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Billing Guidelines for Service Coordination Funded by Medicaid as Targeted Case Management (TCM)

Service coordination must be provided in accordance with the person's plan of services and supports. Service coordination and plan of services and supports are defined in 26 Texas Administrative Code (TAC) Section 331.5, relating to Definitions. If the person's needs change, the local intellectual and developmental disability authority (LIDDA) must consult with the person, or legally authorized representative (LAR) on the person's behalf, and revise the person's plan, as well as adjust the frequency, duration and intensity of service coordination, as appropriate.

The LIDDA may provide crisis prevention and management prior to documenting the service in the person-directed plan (PDP) or plan of services and supports. The LIDDA terminates service coordination for a person if the person, or the LAR on the person's behalf, no longer desires service coordination or no longer meets the eligibility criteria for service coordination as set forth in 26 TAC Section 331.7, relating to Eligibility.

Eligibility for Service Coordination Funded by Medicaid as TCM

To receive service coordination, the person must be a Medicaid recipient and meet the criteria described in 26 TAC Section 331.7, relating to Eligibility.

Service coordination includes:

- **Basic Service Coordination:** Service Coordination performed in accordance with 26 TAC Chapter 331, for a Medicaid-eligible person who has been assessed as having two or more needs and who is not residing in an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID), a state supported living center (SSLC) or enrolled in a Medicaid waiver program.
- **Service Coordination – Non-Waiver Community First Choice (CFC):** Service Coordination performed in accordance with 26 TAC Chapter 331 and 1 TAC Chapter 354, Subchapter A, Division 27.

- **Service Coordination – HCS or TxHmL Program:** Service Coordination for people enrolled in the Home and Community-based Services (HCS) program or Texas Home Living (TxHmL) program in accordance with 26 TAC Chapter 262 or 263.

Definitions

- **Audio-only:** A synchronous interactive, two-way audio communication that uses only sound and meets the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA). Audio-only includes the use of telephonic communication. Audio-only does not include audio-visual or in-person communication.
- **Audio-visual (previously called telemedicine):** A synchronous interactive, two-way audio and video communication that conforms to privacy requirements under HIPAA. Audio-visual does not include audio-only or in-person communication.
- **Collateral:** Any person directly associated with helping the person achieve, or potentially helping the person achieve, an outcome identified in the person's plan of services and supports or PDP. For example, collateral may be a provider, teacher, family member, or neighbor.
- **In-person (or in person):** Within the physical presence of another person. In-person or in person does not include audio-visual or audio-only communication.
- **Person:** A Medicaid recipient who has been determined eligible for service coordination.

Required Activities

Service coordination includes one or more of these activities:

a) **Crisis prevention and management** – linking and assisting the person to secure services and supports intended to prevent or manage a crisis.

b) **Assessment** - identifying the person's needs and the services and supports to address those needs as they relate to the nature of the person's presenting problem and disability.

c) **Monitoring** – ensuring the person receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified

outcomes are meeting the person's needs and desires as indicated by the person.

d) **Service planning and coordination** – identifying, arranging, advocating, collaborating with other agencies, and linking for the delivery of outcome-focused services and supports that address the person's needs and desires as indicated by the person. This includes the development and revision of the PDP or plan of services and supports.

All service coordination encounters (i.e., Type As and Type Bs) must identify the provision of at least one of the four required activities of service coordination (i.e., crisis prevention and management, assessment, monitoring, or service planning and coordination).

Encounters

Service coordination funded by Medicaid as TCM is reimbursed by encounter. There are two types of encounters:

a) **Comprehensive encounter (Type A)**: An in-person (previously called face-to-face) contact with the person to provide service coordination.

The comprehensive encounter is limited to one billable encounter per person per calendar month. HHSC will not authorize payment for a comprehensive encounter that exceeds this cap.

b) **Supportive encounter (Type B)**: An in-person (previously called face-to-face), audio-only (also known as telephone), or audio-visual (previously called telemedicine) contact with the person or with a collateral on the person's behalf to provide service coordination.

A LIDDA is allowed up to three Type B encounters per calendar month for each Type A encounter that has occurred within the calendar month.

The Type B encounters are not limited to three per person. Rather, the allowed Type B encounters may be delivered to any person who needs a Type B encounter. These Type B encounters are allowable as long as the person who received the Type B encounter also received a Type A encounter that same month.

For example, Sam and Mary receive a Type A encounter in June. It is allowable for the LIDDA to bill for one Type B encounter for Sam in June and five Type B encounters for Mary in June.

Payment for a person's Type B encounter is contingent on that person having a Type A encounter within the same calendar month. The Type A encounter does not have to occur on a date before any of the Type B encounters occur.

Annual Cap of Type B Encounters

The annual cap for Type B encounters is calculated as the number of payable Type A encounter claims for the state fiscal year multiplied by three.

Monthly and End of Fiscal Year Calculations and Recoupment

The Texas Medicaid and Healthcare Partnership (TMHP) will perform a monthly calculation process in which Type B encounters without a Type A encounter for the previous month are recouped. Multiple Type A encounters billed in a previous month for a given person will be recouped. Recouped means that TMHP will deduct the owed amount from future encounter claim payments. *Please note:* Recoupments are only for claims in Paid status.

At the end of the state fiscal year, TMHP will perform another calculation process in which it matches the number of Type A encounters multiplied by three to the total number of Type B encounters in the system for the LIDDA. This is not tied to a particular person but is based solely on the total number of Type A encounters and the total number of Type B encounters. *Example:* If a LIDDA bills 1000 Type A encounters, it is allowed up to 3000 Type B encounters per year.

LIDDAs are encouraged to track the number of Type A encounters to the number of Type B encounters to reduce recoupment.

Qualified Provider of Service Coordination Funded by Medicaid as TCM

Only an entity designated as a LIDDA by the executive commissioner of HHSC per Texas Health and Safety Code Section 533A.035, is a qualified provider of service coordination funded by Medicaid as TCM.

Qualified Service Coordinator

A qualified service coordinator:

- must be a LIDDA employee who meets the qualification requirements described in 26 TAC Section 331.17, relating to Minimum Qualifications; and
- must meet training requirements per 26 TAC Section 331.19, relating to Staff Person Training.

Prohibited Activities

- The LIDDA staff providing service coordination may not perform a provider function.
- The LIDDA staff providing service coordination may not be a relative of the person or have the same residence as the person, per 26 TAC Section 331.11. Relative defined in 26 TAC Section 331.5. Appendix I, Degree of Consanguinity or Affinity, explains who is considered a relative for purposes of these billing guidelines.

Clarifications

- Documentation must support at least one of the activities of service coordination: crisis prevention and management, assessment, monitoring, or service planning and coordination.
- Service coordination does not include transportation.
- The documented need for multiple services is considered "two or more needs" as referenced in 26 TAC Section 331.7(a)(1)(A).
- Meeting(s) for the purpose of the discovery process is identifying the person's wants, needs, and desires for services and supports as part of the service planning process and the actual service planning team meeting where the plan of services and supports or PDP is developed or revised. These meeting(s) are allowable activities if the documentation clearly evidences that these activities were part of the service planning process.
- This service includes the coordination and monitoring of participation in a non-medical program for a specific person who is eligible for service coordination funded by Medicaid as TCM.
- In a month when in-person contact is not required, comprehensive encounters (Type A) can occur by telephone or audio-visual communication if there is documentation in the person's record that the person, or LAR on their behalf, consents to comprehensive encounters (Type A) via telephone or audio-visual communication.

Note: Telephone or audio-visual contacts do not replace the required in-person contacts per 26 TAC Section 331.11. If the team determines that the service coordinator will conduct monthly in-person contacts, then those contacts cannot be conducted by telephone or audio-visual.

Data Warehouse Reporting Requirements

- Appropriate Encounter Services and Grid Codes – refer to the LIDDA Performance Contract, A-3. Grid Code 351, Service Coordination and Service Coordination for people enrolled in HCS or TxHmL**.**
- Critical Encounter Fields:
  - Encounter Type Code must be **F**, in-person (previously called Face-to-Face), **T**, audio-only (also known as Telephone), or **E**, audio-visual (previously called Telemedicine).
  - Recipient Codes **1, 2, 3, 4, 5, 6** or **7** (consumer and/or collateral present) will be allowed for valid encounters but values **2** (collateral, not specified), **5** (collateral, family member or LAR only), or **7** (collateral, waiver provider only) are not sufficient **on their own** to produce or support an R014 assignment.
  - If crisis prevention and management is provided, the Crisis data field must be **Y.**

Documentation Necessary for Verification

- A progress note or other documentation verifying the service was provided on the specified date.
  - The progress note includes a legible, written narrative for each encounter that describes the service and, at least every 90 days, includes information pertaining to the person's progress toward outcomes or goals.

    The written narrative includes:

    ◊ name of the person;

    ◊ LIDDA local case number;

    ◊ type of service coordination activity provided (e.g., assessment, service planning and coordination, monitoring, or crisis prevention and management);

    ◊ date encounter occurred (month, day, year);

- ◊ place of encounter;
- ◊ whether the interaction is in person, audio-only, or audio-visual (applies to both a comprehensive encounter (Type A) and a supportive encounter (Type B);
- ◊ actual begin time and duration of encounter;
- ◊ detailed description of the encounter;
- ◊ the name and relationship of the contact, if the contact is someone other than the person receiving services;
- ◊ name and title of the service coordinator; and
- ◊ signature of service coordinator (including credentials or job title as appropriate).

Note: Elements noted above do not have to be contained within the narrative describing the encounter if they are contained within the progress note that also contains the narrative (e.g., billing strip).

- The following are unacceptable as a description of the encounter in a written narrative:
  - ◊ ditto marks;
  - ◊ references to other written narratives or progress notes using words or symbols;
  - ◊ non-specific statements such as "had a good day," "did OK," or "no problem today;"
  - ◊ statements that are repeated, copied or are otherwise identical to other written narratives, including "fill in the blank" statements;
  - ◊ a list of preprinted activities, such as a schedule or "check off" sheet;
  - ◊ a data collection sheet; and
  - ◊ a medication log.

- Sufficient documentation to demonstrate eligibility for service coordination, such as an assessment indicating multiple needs, that is consistent with the period being reported.
- PDP or plan of services and supports in effect for the month of service reported.
- Evidence of the server code of the LIDDA employee providing the service.

Service Claim Requirements

A LIDDA must submit an electronic service claim for TCM that meets the requirements specified by TMHP.

Billable Activity

The only billable activities for service coordination funded by Medicaid as TCM are:

- interacting or observing face-to-face with the person to provide service coordination;
- interacting by telephone or telemedicine with the person to provide service coordination;
- interacting face-to-face, by telephone, or telemedicine with a collateral to provide service coordination;
- participating in service planning team meetings or any other encounter where discovery occurs for the development of the PDP or plan of services and supports; and
- participating in the development of the individual plan of care (IPC) for a person enrolled in HCS or TxHmL.

Activity Not Billable

Certain activities by a service coordinator do not constitute billable activity. These activities include, but are not limited to:

- traveling by a service coordinator;
- documenting the delivery of service coordination funded by Medicaid as TCM, for example, writing written narratives, completing forms and entering data;
- reviewing the person's written record; and
- drafting the person's PDP, plan of services and supports, or IPC.

References

- Texas Medicaid Provider Procedures Manual (TMPPM), Section 5.2.1, Intellectual and Developmental Disabilities Service Coordination
- 26 TAC Chapter 331, LIDDA Service Coordination

- 1 TAC Chapter 355, Subchapter F, Reimbursement Methodology for Programs Serving Persons with Mental Illness or Intellectual or Developmental Disability
- Provider Finance Department IDD Service Coordination
- Current Service Definition Manual
- Current Performance Contract

Appendix I, Degree of Consanguinity or Affinity

For the purposes of these billing guidelines, a person is considered to be a relative if the person is related within the fourth degree of consanguinity or within the second degree of affinity.

Relationships of Consanguinity

Two people are related to each other by consanguinity if one is a descendant of the other or if they share a common ancestor. An adopted child is considered to be a child of the adoptive parent for this purpose.

Example: Person A is related by the third degree of consanguinity to person B if person B is person A's uncle (brother of person A's father) because they share a common ancestor. However, person A is not related by consanguinity to person C if person C is the uncle's spouse, because person A and person C share no common ancestor.

Relationships of Affinity

Two people are related by affinity if they are married to each other, or if one person is related by consanguinity to the other person's spouse.

Example: Person A is related within the second degree of affinity to the brother of person A's spouse because the brother and the spouse are related by consanguinity.

The ending of a marriage between two people by divorce or the death of a spouse ends relationships by affinity created by that marriage, unless a child of that marriage is living, in which case the marriage is considered to continue as long as a

child of that marriage lives. The chart below lists relationships within the fourth degree of consanguinity and within the second degree of affinity.

Relationship of Consanguinity

	1st Degree	2nd Degree	3rd Degree*	4th Degree*
Person	child or parent	grandchild, sister, brother or grand-parent	great-grandchild, niece, nephew, aunt,* uncle* or great-grandparent	great-great-grandchild, grandniece, grandnephew, first cousin, great aunt,* great uncle* or great-great-grandparent

*An aunt, uncle, great aunt or great uncle is related to a person by consanguinity only if he or she is the sibling of the person's parent or grandparent.

Relationship of Affinity

	1st Degree	2nd Degree
Person	spouse, mother-in-law, father-in-law, son-in-law, daughter-in-law, stepson, stepdaughter, stepmother or stepfather	brother-in-law, sister-in-law, spouse's grandparent, spouse's grandchild, grandchild's spouse or spouse of grandparent