

CIS Case Rate Billing Guidance

Children’s Integrated Services (CIS) reimburses fiscal agents for service delivery using a bundled monthly case rate. In order to provide clarity of billing expectations, the guidance below details the criteria that must be met in order for a case to be “billable” to the CIS bundled contract, applicable to all CIS service types (Early Intervention, Specialized Child Care Coordination, Home Visiting, and ECFMH). This is intended to ensure fiscal resources are aligned with substantive service delivery, and support clarity among providers to streamline billing and reimbursement processes. All services reimbursed through the bundled case rate must be delivered and billed in accordance with Medicaid requirements, which may be found at <http://www.vtmedicaid.com/assets/manuals/VTMedicaidProviderManual.pdf>.

Billing Guidance

Initial Month of Services

Providers may bill the monthly case rate if in the first month of service delivery the only service provided is an initial assessment to determine eligibility for CIS services.¹ A One Plan is not required to be in place for this initial claim, but the service must be reported via the encounter data spreadsheet or MMIS encounter data submission (when made available by the State). This may occur only once per client, with the exception of instances where a client re-engages with CIS services at least 6 months after exiting services.

Monthly Case Rate Billing

ALL criteria below must be met for the month and client in question in order to bill the monthly case rate (with the exception of the initial month of service detailed above):

1. The **client must have a One Plan** that includes at minimum the following elements:
 - CIS-01 Referral Form
 - CIS-02 Intake
 - CIS-02 FS Supplemental (applicable for Family Support Child Care cases only)
 - CIS-03 Authorization
 - Minimum of 1 outcome
 - Service Grid
 - Consent to Receive Services
2. A CIS provider must have had **direct contact with or on behalf of the client** through delivery of a minimum of one unit of a billable service in accordance with the CIS bundled contract².

¹ An initial assessment performed by a Specialized Child Care Coordinator for the purpose of determining Family Support Child Care eligibility meets this requirement.

² Please refer to the encounter data spreadsheet for a list of case rate services including detailed code and unit definitions. Units of service vary by codes, and the minimum unit must be delivered in order to bill the bundle for that client. In many cases, this unit is 15 minutes (defined by Medicaid as 8+ minutes), but in instances where a code’s unit of service for a code is longer than 15 minutes, this standard must be met in order to be considered “billable.”

- All billable services qualify for billing with the exception of unusual travel that does not accompany another case rate service³.
 - Direct contact may include, but is not limited to, in-person or telephonic activities with the client and/or their family; or in-person or telephonic activities between members of the care team with or without the patient present.
3. The service delivery has been reported to the state using the encounter data spreadsheet or MMIS encounter claim submission (when made available).

Limitations

- Service delivery funded by mechanisms other than the CIS bundled contract are not case rate qualifying services and therefore do not qualify as billable to the bundle.
- Communication by email, text, voicemail, and postal mail does not qualify as direct contact with or on behalf of the client.

Pending Guidance

- Insurance consent guidance
- Program as client
- Provision of examples by service area

³ Incidences of unusual travel that don't result in accompanying service delivery (i.e. client no show) are not considered case rate billable and therefore should not be reported as encounter data (either through the encounter data spreadsheet or MMIS encounter claim submission when made available).