

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea, Chief Program Support	FROM:	Name and Title:
	Organizational Unit: Program Support Bureau		Organizational Unit:
	Address: 111 Sanders, Helena, Mt		Address:

1. TYPE OF REQUEST: Follow-up to Verbal Request - Date of Verbal Request: _____ Written Request

2. STATEMENT OF QUESTION OR ISSUE: The state issued a clarification regarding whether or not a mental health provider can charge for Case Management Services if a child is receiving Part C Services. The response stated that a mental health provider could not invoice for Case Management Services because it would be a duplication of services.

References:

ANSWER: On August 23, 2010 a clarification regarding Part C and Case Management was issued that was incorrect. We are rescinding that clarification.

Billing for duplicate services is not allowed. Federal policy mandates that Part C must be the payer of last resort. All other payment options must be utilized first prior to Part C. This would include any covered Part C Service including various therapy services and Case Management.

References:

Approved and Issued by:
 _____
Program Director

Date: 5-2-11

STATE USE ONLY	4: DISTRIBUTION: One Copy: _____ One Copy: _____ One Copy: _____ Additional Copies: _____ <input type="checkbox"/> _____	Requestor Manual Coordinator Division Files
	5: FOLLOW-UP: <input type="checkbox"/> To be issued as Bulletin to: _____ (Division Administrator) Manual. Expected Date of Issuance: _____ <input type="checkbox"/> A.R.M. Change <input type="checkbox"/> State Plan Change	