

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 235  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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September 11, 2009

Refer to:  
DMCH: ED  
MO SPA 09-01

Ronald J. Levy, Director  
Department of Social Services  
Broadway State Office Building  
P.O. Box 1527  
Jefferson City, Missouri 65102

Dear Mr. Levy,

On January 9, 2009, the Centers for Medicare and Medicaid Services (CMS) received Missouri's state plan amendment (SPA), transmittal # 09-01, to amend qualifications for case managers for targeted case management services for persons who have developmental disabilities.

Based on the information provided, we are pleased to inform you that SPA 09-01 is approved effective January 1, 2009. Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the Missouri State plan. If you have any questions regarding this amendment, please call Evan Doran at (816) 426-5925.

Sincerely,

/s/

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

Enclosure

cc: Ian McCaslin, M.D., MPH

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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br>FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER:<br><u>0 9 - 0 1</u>                                 | 2. STATE<br>MO |
|   | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |                |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES     | 4. PROPOSED EFFECTIVE DATE<br>January 1, 2009                              |                |

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

|   |   |
|---|---|
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>42 CFR Parts 431, 440, and 441 | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2009 \$ <u>0</u><br>b. FFY 2010 \$ <u>0</u> |
|---|---|

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|---|---|
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>Attachment 3.1-A, Supplement 1, page 4d, 4dd, 1d, 2d<br>Attachment 4.19-B, Page 4aaa | 9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable):<br>Attachment 3.1-A, Supplement 1, page 4d, 1d, 2d<br>Attachment 4.19-B, page 4aaa |
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10. SUBJECT OF AMENDMENT:

This State Plan Amendment amends qualifications for case managers for targeted case management services for persons who have development disabilities.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *se*       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|   |  |
|---|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><i>[Signature]</i> | 16. RETURN TO:<br>MO HealthNet Division<br>Post Office Box 6500<br>Jefferson City, MO 65102-6500 |
| 13. TYPE NAME:<br>Deborah E. Scott                            |  |
| 14. TITLE:<br>Director  |  |
| 15. DATE SUBMITTED:<br>January 9, 2009                        |  |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED:<br>January 9, 2009                       | 18. DATE APPROVED:<br>September 11, 2009   |
| PLAN APPROVED - ONE COPY ATTACHED                           |  |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>January 1, 2009 | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><i>[Signature]</i>                                  |
| 21. TYPED NAME:<br>James G. Scott                           | 22. TITLE: Associate Regional Administrator<br>for Medicaid & Children's Health Operations |
| 23. REMARKS:  |  |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

CASE MANAGEMENT SERVICES

#19

A. Target Group:

All Medicaid eligible persons with a developmental disability as defined in 9 CSR 45-2.010. A developmental disability is a disability which-

1. Is attributable to:
  - a. Mental retardation, cerebral palsy, epilepsy, head injury or autism, or a learning disability related to a brain dysfunction; or
  - b. Any other mental or physical impairment or combination of mental or physical impairments; and
2. Is manifested before the person attains age twenty-two; and
3. Is likely to continue indefinitely, and
4. Results in substantial limitations as defined in 9 CSR 45-2.010(2)(F)(4) in major life activities, and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, habilitation or other services which may be of lifelong or extended duration and are individually planned and coordinated.

The target group excludes residents of a medical institution such as an Intermediate Care Facility for the Mentally Retarded (ICF/MR), unless the resident requires transitional case management in order to move from the institution to services in the community. In such instances, case management may be provided during the last 180 consecutive days prior to discharge from the medical institution.

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

Entire State.

C. Comparability of Services:

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.

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State Plan TN# 09-01  
Supersedes TN# 91-08

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Effective Date January 1, 2009  
Approval Date SEP 11 2009

D. Definition of Services: Case management for developmentally disabled individuals.

**Purpose** Case management is a system intended to assist eligible individuals in gaining access to needed medical, social, educational, and other services. In order to assist the individual client comprehensively, the responsibility for locating, coordinating, and monitoring those services which are needed by each client is placed with a designated person or organization.

Case management activities include:

1. Assessment of the individual's need for medical, social, educational, and other services.
  - a. Initially determining and documenting an applicant's need for individualized, specialized services for a developmental disability, including case management. Also, informing and otherwise assisting the applicant or others responsible for the applicant during the assessment process.
  - b. Obtaining necessary releases, collecting records, preparing ecological and behavioral assessments, arranging other assessments as needed, and coordinating the overall assessment process to identify the comprehensive array of services and supports needed.
  - c. Facilitating individual plan (IP) development and on-going review as a member of the interdisciplinary team. Interpreting the comprehensive assessment and IP outcomes to the client and/or responsible others.
2. Planning for services.
  - a. From the IP, developing and writing an individualized service plan which will enable the prioritized outcomes of the IP to be attained.
  - b. Periodically reviewing the individualized service plan to ensure it continues to be appropriate to the needs of the client and effective in achieving the prioritized outcomes of the IP.
  - c. When needed, as indicated by the client's response to the prioritized outcomes, redesigning the service plan to further promote individualized training and growth or to incorporate new outcomes.

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State Plan TN# 09-01  
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and activities related specifically to the client. Service logs will be maintained which identify the recipient, the case manager and the activity, as well as the date, units of service (5 minute increments), and place of service.

E. Qualification of Providers:

Case managers will be employed by:

1. Regional Offices of the Missouri Division of Developmental Disabilities (Division of DD);
2. County Senate Bill 40 Boards designated by the Division of DD;
3. Affiliated Community Service Providers (ACSPs) designated by the Division of DD; or
4. Not for profit agency registered with the Missouri Secretary of State, designated by the Division of DD. In addition, a designated not for profit shall have a case management agreement with a County Senate Bill 40 Board, or have a case management agreement/contract with the Division of DD.

Qualified County Senate Bill 40 Boards and qualified ACSPs shall maintain an active case management agreement or intergovernmental agreement with the Division of DD that includes the provision of case management. A not for profit agency is only an eligible case management provider within a county or counties where it has an active case management agreement with the County Senate Bill 40 Board in that county or has a case management agreement/contract with the Division of DD.

Division of DD Regional Offices or approved County Senate Bill 40 Boards that meet the requirements set forth in 42 CFR 447.10 may serve as an Organized Health Care Delivery System (OHCDS). Otherwise qualified providers shall not be required to provide services through an OHCDS arrangement.

An entity that contracts with an OHCDS to provide case management services must meet the same requirements and qualifications as apply to providers enrolled directly with the Medicaid Agency. All contracts executed by an OHCDS for case management services shall meet the applicable requirements of 42 CFR 434.6 and 45 CFR Part 74, Appendix G.

Case managers employed by a qualified provider shall meet either the minimum experience and training qualifications for a Qualified Developmental Disability Professional (QDDP).

The qualifications for a QDDP are the same as the minimum required for the position of Case Manager I with the Division of DD and require:

1. One or more years of professional experience: (a) as a registered nurse; (b) in social work, special education, psychology, counseling, vocational rehabilitation, physical therapy, occupational therapy, speech therapy, or a closely related area; or (c) in providing direct care to persons who have developmental disabilities; and
2. A bachelor degree from an accredited college or university with a minimum of 24 semester hours or 36 quarter hours of credit in one or a combination of human service field specialties. Additional experience as a registered nurse may substitute on a year-for-year basis for a maximum of two years of required education. QDDP is defined in Division of DD Directive Number 2.040.

08/09

## F. Freedom of Choice:

The targeted group consists of eligible individuals who have developmental disabilities. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities receive needed services.

## G. Access to Services:

The State assures:

- Case management services will be provided in a manner consistent with the best interest of recipients and will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, the receipt of case management services shall not be conditioned on the receipt of other Medicaid services, nor will the receipt of other Medicaid services be conditioned on receipt of case management services.
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan; and
- For persons transitioning from a qualified medical institution to the community the State assures FFP is only available to community providers and will not be claimed until the individual is discharged from the medical institution and enrolled in community services.

## H. Limitations:

Case management does not include the following:

- Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act; The direct delivery of an underlying medical, education, social, or other service to which an eligible individual has been referred;
- Activities integral to the administration of foster care programs; or
- Activities for which third parties are liable to pay.

State Missouri

Method establishing payment rates for case management services for developmentally disabled individuals.

For employees of the state, county SB-40 boards, affiliated community service providers, and not-for-profits:

The initial uniform prospective hourly fee for case management will be established based on the weighted average hourly cost of all providers as calculated from providers' most recent available cost reports. Cost reports include non-productive time including training time, vacation, holiday and sick leave. The initial calculated fee, which will be based on costs for FY '00, will include an annual and, if appropriate, partial year inflation factor. Annually thereafter until rebasing, on July 1 the previous year's uniform hourly fee will be adjusted by the Consumer Price Index as determined by the Bureau of Labor Statistics or, if available, a Missouri-specific health care index of inflation. The uniform prospective hourly fee will be rebased at least once every ten years. For each rebasing year, the uniform prospective hourly fee will be calculated in the same manner as the initial fee described above. The unit of service is 5 minutes. The uniform prospective hourly fee is further computed to a 5 minute fee. All providers, statewide, are reimbursed at the same fee.

Method for establishing payment rates for case management services for Severely Emotionally Disturbed (SED) children

The payment rate for case management services will be on a fee for service basis. The fee will be established on the basis of actual cost data derived from cost reporting systems. Cost reports include non-productive time including training time, vacation, holiday and sick leave. The unit of service is 15 minutes. The fee is statewide. All providers, governmental and non-governmental, are reimbursed at the same fee.

Method for establishing payment rates for case management services for chronically mentally ill adults.

The payment rate for case management services will be on a fee for service basis. The fee will be established on the basis of actual cost data derived from cost reporting systems. A separate fee for community reintegration services will be established on the basis of actual cost data derived from cost reporting systems. . Cost reports include non-productive time including training time, vacation, holiday and sick leave. The unit of service is 15 minutes. Each fee is statewide. All providers, governmental and non-governmental, are reimbursed at the same fee.

State Plan TN# 09-01  
Supersedes TN# 01-13

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