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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

February 18, 2015

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 08-010, submitted to my office on June 27, 2008. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan pertaining to Target Case Management (TCM) for Individuals with Developmental Disabilities (IDD). These services are operated through the Department of Developmental Services.

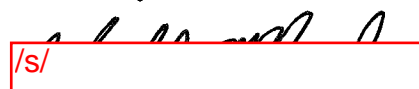
This SPA has been approved effective July 1, 2008, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Supplement 1 to Addendum page 13 to Attachment 3.1A(1) pages 1-6
- Attachment 4.19B, page 15i-15l

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hss.gov

Sincerely,


/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
08-010

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
07-01-08

5. TYPE OF STATE 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:
42 CFR 431, 440 and 441

7. FEDERAL BUDGET IMPACT:
a. FFY 2008 \$ no impact
b. FFY 2009 \$ no impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement I to
Attachment 3.1-A(1); Page 1,2,3,4,5,6
Attachment 4.19-B, Page 15i-15l

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

10. SUBJECT OF AMENDMENT: The Department intends to amend the provisions of its State Medicaid Plan pertaining to targeted case management services for individuals with developmental disabilities in order to comply with the new final rule.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME: Michael P. Starkowski

14. TITLE: Commissioner

15. DATE SUBMITTED:
June 27, 2008

16. RETURN TO:

State of Connecticut
Department of Social Services - 11th floor - Medical Policy
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 27, 2008

18. DATE APPROVED: February 18, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2008

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health Operations

23. REMARKS:

Pen and Ink change to CMS 179 Box 8 and 9 approved by State on January, 29, 2015

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B. Targeted Case Management for Individuals with Developmental Disabilities (TCM-IDD)

TCM-IDD services claimed under Medicaid must be substantiated by documentation in the eligible client's permanent service record. A payment for case management services may not duplicate Medicaid payment made for other covered services. The TCM-IDD services are eligible for reimbursement when one or more services are rendered in the billing period, as defined below, and the recipient or their representative approves of such services. The TCM-IDD services rate is a statewide rate based on the TCM-IDD reimbursable costs detailed below. The Department of Developmental Services will be reimbursed at cost for targeted case management services provided by DDS employees.

The billing period for TCM-IDD services for dates of service July 1, 2008 through October 31, 2010 is a day, and for dates of services November 1, 2010 going forward is a week.

1. Random Moment Time Studies (RMTS)
CMS approved random moment time studies are conducted with moments selected on a quarterly basis, but the Time Study is conducted continually. RMTS percentage efforts are calculated each quarter and the SFY quarter results are used for the allocation of direct costs. The Time Study participants include all staff reasonably expected to perform TCM-IDD Services during the time study period.
2. Interim Rates
Interim rates for TCM-IDD services shall be updated annually. Interim rates are based on the most recent finalized replacement rates for TCM-IDD services provided to Medicaid clients by the Department of Developmental Services based upon the cost settlement, as determined in section 5 below, rounded up to the nearest \$10. Interim rates are provisional in nature, pending the completion of cost reconciliation and cost settlement for that period.
3. Cost Reports
The Department of Developmental Services annually will complete and certify a Cost Report for public TCM services for the covering the period from July 1 through June 30. Cost reports are due to the Department of Social Services no later than 8 months following the close of the state fiscal year during which the costs included in the Cost Report were incurred. The annual cost report shall

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include the certification of funds in accordance with the DDS-DSS MOU. Submitted cost reports are subject to desk review by the single state agency or its designee. Desk review will be completed in the 8 months following the receipt of the cost reports.

4. Cost Reimbursement Methodology

Medicaid allowable costs for providing Targeted Case Management services for the Individuals with Intellectual Disability, the following steps are performed:

- i. Direct service costs of providing TCM-IDD services include salary, wage, and fringe benefits that can be directly charged to TCM-IDD services.
Direct costs shall not include room and board charges. Direct costs will not include costs of case managers who do not have an exclusive TCM caseload.
- ii. Other direct costs including mileage reimbursement, translation and interpretation services, leasing of office equipment, training, and necessary office supplies which are directly attributable to support the delivery of TCM services. Mileage reimbursement will be supported with mileage logs documenting actual mileage specific to TCM services, individual receiving services and their Medicaid status at the time of the services. These direct costs are accumulated on the annual DDS TCM Cost Report, approved by CMS.
- iii. Total direct costs include the sum of items i and ii. Total direct costs are reduced by any federal payments for those costs, resulting in adjusted direct costs for public TCM-IDD services.
- iv. Public reimbursable TCM-IDD cost is calculated by applying results of the RMTS to item iii.
- v. For dates of service July 1, 2008 through June 30, 2012, indirect costs were allocated from the DDS Central Office and Regional Office to TCM services. Effective July 1, 2012, indirect costs are calculated using a de minimis rate pursuant to 2 C.F.R. 200.414 until a HHS approved indirect cost rate is obtained. Indirect costs are equal to direct costs (item 4. iv) multiplied by the indirect cost rate.
- vi. Total costs are 4 iv and 4 v.

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- vii. The Medicaid-allowable costs for TCM-IDD services are then calculated by applying the Medicaid penetration rate to the Medicaid reimbursable costs (item 4. vi) for TCM-IDD services. The Medicaid penetration rate is the fiscal year monthly average of the number of Medicaid enrolled DDS TCM-IDD clients as of the 5th day of each month during the cost period divided by the average number of DDS TCM-IDD clients as of the same day.
- viii. The daily rate for public TCM-IDD services for dates of service July 1, 2008 through October 31, 2010 is calculated by dividing the total allowable TCM costs (item 4 vii.) by the total number of recorded TCM-IDD contacts for the same period. For dates of service July 1, 2008 through October 31, 2010, services were rendered once a quarter with the daily claim on that quarterly service documentation.
- x. The weekly rate for public TCM-IDD services for dates of service November 1, 2010 is calculated by dividing the total allowable TCM costs (item 4 vii.) by the total number of recorded TCM-IDD contacts for the same period. No more than one unit will be billed for each Medicaid eligible client in a week for dates of service November 1, 2010 going forward.

5. Settlement

The Department of Developmental Services' claims paid at the interim rate for public TCM-IDD services delivered by DDS during the reporting period, as documented in the MMIS, will be compared to the total Medicaid reimbursable costs for TCM-IDD services based on the CMS approved Cost Report identified in section 4. The Department of Developmental Services interim rate claims for public TCM-IDD services will be adjusted in aggregate. This results in cost reconciliation. Reconciliation will occur within 24 months of the end of the reporting period contained in the submitted cost report.

If it has been determined that an overpayment has been made, the Department of Social Services will return the federal share of the overpayment. If the actual, certified Medicaid reimbursable costs of public TCM-IDD services exceed the interim Medicaid rates, the Department of Social Services will submit claims to CMS for the underpayment. Cost settlement will occur within the timelines set forth in 42 CFR 433 Subpart F. Connecticut will not modify the CMS-approved

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scope of costs, time study methodology or the annual cost report methodology without CMS approval.

6. Audit

All supporting accounting records, statistical data and all other records related to the provision of public TCM-IDD services delivered by the Department of Developmental Services' may be subject to audit. If an audit discloses discrepancies in the accuracy and/or allowances of actual direct or indirect costs or statistical data as submitted for each fiscal year by the Department of Developmental Services, the Department of Social Services' payment rate for the said period shall be subject to adjustment.

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TARGETED CASE MANAGEMENT SERVICES
Individuals with Developmental Disabilities

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
 Beneficiaries with developmental disabilities.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 **[insert a number; not to exceed 180]** consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- X Entire State
 Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking the individual's history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

[Specify and justify the frequency of assessments.] After an initial comprehensive assessment of needs, reassessments occur at least annually but may be done more frequently based on the individual's needs. Assessment should not be less frequent than annually, and in most instances will be more frequent (e.g. monthly, quarterly), to adequately capture any changes to the medical, social, educational and other needs of the client. This frequency is justified because, in general, the individuals served by this section have conditions that do not change frequently. Accordingly, this frequency is sufficient to have appropriate assessments.

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TARGETED CASE MANAGEMENT SERVICES
Individuals with Developmental Disabilities

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and

changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Annually or more frequently as indicated in the individual's plan.

This frequency is justified because, in general, the individuals served by this section have conditions that do not change frequently. Accordingly, this frequency is sufficient to have appropriate assessments. Monitoring may be conducted by staff face-to-face or by telephone contact with the individual, by chart review, by case conference, or by collateral contact with individuals, family members, service providers, legal representatives or other entities.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
 (42 CFR 440.169(e))

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TARGETED CASE MANAGEMENT SERVICES
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Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Qualified Institutional Provider: The State of Connecticut Department of Developmental Services (DDS) is the entity enrolled to provide services qualified to provide TCM services through the case managers whose qualifications are described below.

Individuals providing services are employed by DDS as Developmental Services Case Managers, a Social Worker – Health Case Professional, or Supervisors of Case Management and must have at least the following qualifications:

Qualified case managers are authorized by DDS as qualified to render services to persons with developmental disabilities. Case managers must demonstrate expertise in accordance with the following required minimum qualifications.

All DDS Case Managers are required to apply for admittance to the Developmental Services Case Manager competency examination with the minimum requirements outlined in General Experience and Special Experience below.

General Experience: Case Manager must have six (6) years General Experience in working with individuals with developmental disabilities involving participation in an interdisciplinary team process and the development, review and implementation of an individual's plan of service.

Special Experience: Two (2) years of the General Experience (6) must have involved responsibility for developing, implementing and evaluating individualized programs for individuals with developmental disabilities in the areas of behavior, education or rehabilitation and, even if substitutions are allowed below, sufficient experience in all of these areas is required in order for DDS to approve the individual as qualified to provide TCM services.

Substitutions Allowed for General Experience and/or Special Experience:

1. College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.
2. A Master's degree in Counseling, Psychology, Special Education or Vocational Rehabilitation may be substituted for one (1) additional year of the General Experience.
3. A Master's degree in Social Work may be substituted for the General and Special Experience.
4. Two (2) years as a Social Worker Trainee in the Department of Developmental Services may be substituted for the General and Special Experience.
5. For individuals who were already State Employees before applying to be case manager or supervisor of case managers at DDS, one (1) year as a Social Worker with some experience working with individuals with developmental disabilities may be substituted for the General and Special Experience.

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6. For individuals who were already State Employees before applying to be a case manager or supervisor of case managers at DDS, two (2) years as a Supervising Developmental Services Worker 1, Supervising Developmental Services Worker 2, Developmental Services Supported Living Worker or Developmental Services Adult Services Instructor may be substituted for the General and Special Experience.

All of these substitutions still ensure that each provider has sufficient training and/or experience in order to have the necessary knowledge about providing services to individuals with developmental disabilities.

Once the applicant has been accepted to take the competency examination (based on the above minimum qualifications listed under General Experience and Special Experience), the applicant must also pass the competency examination (score of 70 or better). The DDS Case Manager competency examination focuses on knowledge, skills, and abilities and the applicant must demonstrate considerable knowledge of services available to persons with developmental disabilities; knowledge of residential programs for persons with developmental disabilities; knowledge of interdisciplinary approaches to program planning; knowledge of developmental disabilities.

Once the applicant has passed the competency examination, their name is placed on a hiring list. Once hired as a DDS Case Manager, ongoing competency is evaluated through supervision, training and oversight provided by a Supervisor of Case Management and Annual Performance Review is required for all case managers.

Special Requirements: 1. Case managers hired on or after May 2, 2014 must meet the requirements of a Qualified Intellectual Disabilities Professional as described in 42 CFR § 483.430, which requires that the individual has at least a bachelor's degree in a human services field (e.g., sociology, special education, rehabilitation counseling, or psychology) and at least one year of experience working directly with persons with intellectual disability or other developmental disabilities.

2. The case manager may be required to:
- a. Possess fluency in a foreign language or sign language for designated positions;
 - b. Possess and retain a valid Motor Vehicle Operator's license; and/or
 - c. Travel.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.

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TARGETED CASE MANAGEMENT SERVICES
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2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: **[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]**

See the qualifications of Providers listed above. These limitations specifically enable providers to ensure that individuals within the target groups receive needed services because those providers have training, experience, and other expertise in those services and related areas. Those qualifications are specifically tailored to ensure expertise in working with individuals who have developmental disabilities and their families to connect them to services and supports. Specifically, those qualifications ensure that providers engage in person centered planning that develops personal outcomes, promotes consumer advocacy, self-direction and service coordination to access both publicly funded and generic supports and services. These qualifications also ensure that providers have necessary knowledge of available treatments, services, and clinical best practices in the field, all of which are essential to ensure individuals with developmental disabilities receive needed services because such individuals often do not have the ability to access the needed services without assistance.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services 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, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

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TARGETED CASE MANAGEMENT SERVICES
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Providers (defined above) maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: 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; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

[Specify any additional limitations.] N/A