

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
08-015

2. STATE
Montana

3. PROGRAM IDENTIFICATION: Title XIX of the
Social Security Act (Medicaid)

4. PROPOSED EFFECTIVE DATE
7-1-08

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:

42 CFR Parts 431, 440, and 441
CMS 2237-IFC

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$3,262,691

b. FFY 2010 \$3,400,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1C to Attachment 3.1A/B
Attachment 4.19B
Service 19c.
Case Management Services for Individuals with Developmental
Disabilities Age 16 and Over or Who Reside in a Children's DD Group
Home

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Supplement 1C to Attachment 3.1A
Attachment 4.19B
Service 19c.
Case Management - Individuals Age 16 and Over with
Developmental Disabilities

10. SUBJECT OF AMENDMENT:

TCM Program compliance with 2237 IFC.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Mary E. Dalton

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED:

10/30/09

16. RETURN TO:

Montana Dept. of Public Health and Human Services
Mary E. Dalton
State Medicaid Director
Attn: Jo Thompson
PO Box 4210
Helena, MT 59604

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

10/30/09

18. DATE APPROVED:

12/14/09

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/08

20. SIGNATURE OF REGIONAL OFFICIAL:

Richard C. Allen

21. TYPED NAME:

Richard C. Allen

22. TITLE:

Associate Regional Administrator

23. REMARKS:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

December 14, 2009

Mary Dalton, Medicaid & Health Services Manager
Montana Department of Health & Human Services
1400 Broadway
PO Box 202951
Helena, MT 59620

Re: SPA 08-015

Dear Ms Dalton:

Please be advised CMS has approved Montana State Amendment 08-015, "targeted case management for individuals with developmental disabilities, ages 16 and over". This state plan amendment is approved with an effective date of July 1, 2008.

We appreciate the cooperation extended by your staff in the review and approval of this state plan amendment.

If you have any questions regarding this State Plan Amendment please contact Diane Dunstan-Murphy at 303-844-7040.

Sincerely,

/s/

Richard C. Allen
Acting Associate Regional Administrator
Division for Medicaid and Children's Health Operations

Cc: Duane Preshinger
Jo Thompson

The Montana Developmental Disabilities Program (DDP) provides two types of targeted case managers (TCM) for individuals with developmental disabilities age 16 and over or who reside in a DD children's group home.

Some case managers are employees of the State of Montana and the cost of providing State Plan TCM services by the State employed case managers are charged at actual cost to Medicaid. The methodology below does not apply to State Plan Case Management provided by state employees.

Most TCM Contractors are private contracted case management agencies, paid on a fee for services basis. The Department uses the following methodology for calculating and re-basing the 15-minute standardized rate for case management services provided to individuals with developmental disabilities age 16 and over or who reside in a DD children's group home.

Methodology for the Calculation of the Targeted Case Management Services Fifteen-Minute Reimbursement Rates

A. Transition from a Monthly Rate to a 15-Minute Rate

1. The transition to 15-minute rates was designed in 4 progressive stages.
 - a. Stage 1: April 2008 through June 2008 (First three months)
 - b. Stage 2: July 2008 through June 2009 (First full year of utilization data)
 - c. Stage 3: July 2009 through June 2010 (Individualized utilization factors and individualized rates)
 - d. Stage 4: July 2010 and after (Ongoing rate methodology)

B. General Overview

1. This methodology is utilized for all four transition stages and will be utilized periodically for re-basing the rate.
2. Cost Pool development:
 - a. The Cost Pool was developed by DDP using TCM Contractor reports of the most recent annual TCM wage costs, TCM benefit costs, and other TCM costs.
 - b. Wages, benefits, and all other costs may be increased by a small inflation factor (0% to 5% depending on inflation documentation) intended to cover cost increases.

- c. Adjusted Cost Pool costs are converted to a Yearly Wage Cost per TCM FTE, a Yearly Benefit Cost per TCM FTE, and a Yearly Other Costs per TCM FTE. The total of these three groups is the **Total Cost Pool Per TCM FTE**.
3. The Total Cost Pool per TCM FTE is divided by the number of expected billable 15 minute units each TCM FTE is expected to generate (**utilization factor**) to determine the 15-minute rate. While each stage of the rate transition uses the same **Total Cost Pool Per TCM FTE**, an increasing utilization factor is used at each stage to calculate a decreasing rate as part of transitioning to the 15-minute unit.

C. Utilization Factors

1. Stage 1: April 2008 through June 2008 (First three months)
 - a. The utilization factor for stage 1 is just over 3947 units per TCM FTE per Year.
2. Stage 2: July 2008 through June 2009 (First full year of utilization data)
 - a. The utilization factor for stage 2 is just under 4096 units per TCM FTE per Year.
3. Stage 3: July 2009 through June 2010 (Individualized utilization factors and individualized rates)
 - a. Utilization is in three individualized steps for each TCM Contractor. The steps were based on bringing FY 2009 actual utilization up to the ongoing (stage 4) 4438.72 units per year utilization factor in three increments.
4. Stage 4: July 2010 and there-after (Ongoing rate methodology)
 - a. Each TCM FTE is expected to generate 4438.72 15-minute billing units per year

D. Annual Billable Unit Cap

1. Stage 1: April 2008 through June 2008 (First three months)
 - a. No billing cap for this stage.
2. Stage 2: July 2008 through June 2009 (First full year of utilization data)
 - a. No billing cap for this stage.
3. Stages 3 and 4: July 2009 through June 2010 (Individualized utilization factors and individualized rates) and July 2010 and after (Ongoing rate methodology)
 - a. Each TCM Contractor is capped as to a maximum billable amount in a year.

E. Caseload Increase Adjustment to the Billing Cap

1. Stage 1: April 2008 through June 2008 (First three months)
 - a. No caseload increase adjustment to the billing cap for this stage.
2. Stage 2: July 2008 through June 2009 (First full year of utilization data)

- a. No caseload increase adjustment to the billing cap for this stage.
- 3. Stages 3 and 4: July 2009 through June 2010 (Individualized utilization factors and individualized rates) and July 2010 and after (Ongoing rate methodology)
 - a. If the average monthly caseload goes above 35 by the end of the year, the billing cap is increased by a dollar amount for each client above 35.

F. Fee Schedule and Effective Date

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of case management for persons with developmental disabilities and the fee schedule and any annual/periodic adjustments to the fee schedule are published in Section One, Rates of Reimbursement for the Provision of Developmental Disabilities Case Management Services for Persons 16 Years of Age or Older or Who Reside in Children's DD Group Homes, of the Developmental Disabilities Program Manual of Service Reimbursement Rates and Procedures, which is published on the Medicaid Provider Website at:

<http://medicaidprovider.hhs.mt.gov/providerpages/providertype/providertype.shtml>.

The agency's fee schedule rate was set as of July 1, 2008 and was effective for services provided on or after that date. Consistent with the policies described in this section, the fee schedule was updated on July 1, 2009 and is effective for services provided on or after that date. Consistent with the policies described in this section, the rate will be updated on July 1, 2010 effective for services provided on or after that date. All rates are published on the agency's website.

TN 08-015

Supercedes TN 05-005

Approved: 12/14/09 Effective 07/01/08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

A. Target Group:
Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home

Targeted case management services are furnished to eligible Medicaid recipients ages sixteen and older or who reside in a children's DD group home who have a developmental disability as defined under 53-20-202(3) of the Montana Codes Annotated. In particular, developmental disabilities are:

"... disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurological handicapping condition closely related to mental retardation and requiring treatment similar to that required by mentally retarded individuals if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely, and results in the individual having substantial disability."

Targeted case management services will not be furnished to:

- a. otherwise qualified individuals who reside in a Medicaid- certified ICF/MR or nursing facility, except for the time period required to assist in transition to community services and
- b. persons who receive case management services under a home and community-based waiver program authorized under Section 1915 (c) of the Social Security Act.

For case management services provided to individuals in medical institutions: [Olmstead letter #3]

- X Target group is comprised of individuals transitioning to a community setting and case-management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

Case management services are coordinated with and do not duplicate activities provided as a part of developmental institutional services and discharge planning activities.

B. Areas of State in which Services will be provided:
Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home

- (X) Entire State:
- () Only in the following geographic areas (authority of section 1915 (g) (1) of the Act is invoked to provide services less than statewide).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

C. Comparability of Services:
Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a
Children's DD Group Home

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

D. Definition of Services: [DRA & 2001 SMD]
Individuals With Developmental Disabilities Age 16 and Over or Who Reside in a
Children's DD Group Home

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of an individual to determine the need for any medical, educational, social or other services. These assessment activities include:
 - Taking client history;
 - Identifying the individual's needs and completing related documentation;
 - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.
 - Conducting MONA (Montana resource allocation tool) assessments for evaluation of service levels in compliance with DDP rate reimbursement requirements using the Developmental Disabilities Program (DDP) web-based MONA system for all consumers in services and referred for services. The MONA will be updated every three years or whenever significant changes in needed services occur.
- Development and periodic revision of a specific care plan that:
 - Is based on the information collected through the assessment or reassessment;
 - 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

- Referral and related activities:
 - To help an eligible individual obtain needed services including activities that help link an individual with:
 - Medical, social, educational providers; or
 - Other programs and services capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.
- Monitoring and follow-up activities:
 - Activities, and contact, necessary to ensure the personal supports plan is implemented and adequately addressing the individual's needs. These activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:
 - Services are being furnished in accordance with the individual's personal supports plan;
 - Services in the personal supports plan are adequate; and
 - If there are changes in the needs or status of the individual, necessary adjustments are made to the personal supports plan and to service arrangements with providers.

Case management may include:

- Contact with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

E. Crisis Intervention:
Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home

In assisting an individual through a crisis,

1. If the individual is in a DD funded service, the case manager will convene the personal supports planning (PSP) team to discuss appropriate action which could include rights restriction, behavior intervention plan, medical review, additional staff, or other response;
2. If the individual does not have a PSP team, the case manager will refer the individual in crisis to an appropriate service provider;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Montana

3. If the incident involves suspected abuse, neglect, and/or exploitation of the individual, the case manager will immediately report the incident to the Adult Protective Services or Child and Family Services Division and to the appropriate management staff of the service provider; and
4. When commitment to an institution is being sought, the case manager will coordinate the provision of information about the individual to the appropriate people.

F Qualifications of Providers:

Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home

- (1) These requirements are in addition to those contained in rule and statutory provisions generally applicable to Medicaid providers.
- (2) The case management provider for persons with developmental disabilities age 16 and over or who reside in a children's DD group home is the Developmental Disabilities Program of the Department. The Program may contract for the delivery of case management services.
- (3) Qualified providers contracting with the Program for the provision of case management services are required to meet performance requirements. Performance requirements are to be met with adherence to department rules and policies, and to the Developmental Disabilities Program contract. The following performance requirements apply to all contractors of Developmental Disabilities Program Case Management.
 - (a) The contractor will provide at the beginning of the contract year a list of case manager names, FTE level, location, verification that each case manager has complied with requirements, and their case load list, sorted by individuals in DDP services and those only on the DDP 1915 (c) waiver program waiting list for adult services only. As changes occur the contractor will inform the DDP Regional Manager; and verify that each case manager is qualified as stated in section 5 (a)(b) and has participated in a minimum of 20 hours of training in services to persons with developmental disabilities each year, including abuse prevention training provided by the department, and assign qualified individuals within the agency to provide only case management services; and will assign a different case manager to an individual whenever possible if an individual requests a change.
 - (b) The contractor will submit with, and attached to the monthly invoices, Cost Recovery Data Sheets (CRDS). The CRDS record the units of service delivered to each recipient of case management.
 - (c) The contractor, with assistance from the department, will monitor case management utilization and caseload information during the contract

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

period to insure compliance with:

- (i) A minimum of six (6) personal direct visits (same as face-to-face contacts) per recipient enrolled in developmental disabilities services per year.
- (ii) A minimum of four (4) personal direct visits (same as face-to-face contacts) per recipient not enrolled in developmental disabilities services per year.
- (iii) The maximum average caseload for a contractor's case managers is 35 (prorated for less than full time case managers), unless approved by the Regional Manager.
- (iv) A case manager supervisor's caseload cannot exceed 18 consumers (prorated for less than full time case manager supervisors) unless a variance has been approved in writing by the regional manager.
- (d) The contractor agrees to maintain contact logs which are signed and certified as correct, for all persons served.
- (e) The contractor assures that case managers are available to provide case management services to all eligible individuals in the counties for which they contract.
- (f) The contractor assures that all individuals receiving services are residents of the State of Montana and present within the state when receiving services.
- (g) The contractor agrees to include the case manager duties listed in the job description of State case managers in the job descriptions for all contracted case managers.
- (h) The contractor agrees that case management activities will comply with DDP policy, the guidelines in the current versions of the Case Manager handbook, and the current version of the PSP participant guide published by DDP.
- (i) The contractor assures that each case manager will have a personal computer or access to a personal computer to complete his/her assigned job duties in a timely fashion.
- (j) The contractor will establish a positive working relationship with the individual in order to assess personal preferences, including friendships, activities, comforts, services, supports, community participation and other choices.
- (k) Specific limitations. Case managers must not perform those activities that are listed in section 1915(g) of the Social Security Act or that the department has judged to be unallowable targeted case management activities. Those unallowable activities include:
 - (i) counseling;
 - (ii) coordination of the investigation of any suspected abuse, neglect, and/or exploitation cases;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

- (iii) transporting consumers; and
 - (iv) monitoring the consumer's personal financial status and goals
- (l) The department has judged the following activities to be allowable but not billable targeted case management activities:
 - (i) writing or entering case notes for the consumer's case management file; and
 - (ii) transportation to and from consumer or consumer-related contacts.
- (4) A case manager must be employed by the Developmental Disabilities Program of the department or by a case management provider contracting with the Program.
- (5) A case manager must meet the following criteria:
 - (a) each case manager must either possess a bachelor's degree in social work or a related field from an accredited college and have one year of experience in human services, or have provided case management services, comparable in scope and responsibility to that provided by targeted case managers, to persons with developmental disabilities for at least five years; and
 - (b) each case manager must have at least one year's experience in the field of developmental disabilities or, if lacking such experience, complete at least 40 hours of training in the delivery of services to persons with developmental disabilities under a training plan reviewed by the department within no more than three months of hire or designation as a case manager; and
 - (c) all case managers shall participate in a minimum of 20 hours of training in services to persons with developmental disabilities each year, including abuse prevention training provided by the department under a training plan reviewed by the department. Upon hiring, new case managers shall participate in the first available MONA certification training opportunity; and
 - (d) on-going documentation of the qualifications of case managers and completions of mandated training will be maintained by the employer of the case manager.
- (6) All services provided to the client will be monitored by the case manager and the case manager's supervisor. The service plan will be reviewed and revised according to the client's needs at least annually, or when major changes are needed.
- (7) Agencies that provide case management and other services in the same region will not be allowed to provide case management services to the same individuals who receive other services from that agency.
- (8) A case manager must participate in a minimum of 20 hours of training in services to persons with developmental disabilities each year under a training curriculum reviewed and approved by the Developmental Disabilities Program of the department. On-going documentation of the qualifications of case managers and

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

completions of mandated training must be maintained by the employer of the case manager.

- (9) A case management provider must:
- have a system for handling client grievances; and
 - protect the confidentiality of client records.

G. Freedom Of Choice:

Individuals With Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home

1. Freedom of Choice:

The State chooses to limit provider choice per section 1915 (g)(1) of the Social Security Act (the Act).

2. Freedom of Choice Exception:

- X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

H. Access to Services:

Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home

The State assures that:

- 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; [section 1902 (a)(19)]
- Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services; [section 1902 (a)(19)]
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan. [42 CFR 431.10(e)]

[For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State makes the following assurances:]

The State assures that the amount, duration, and scope of the case management activities would be documented in an individual's plan of care which includes case management

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

activities prior to and post-discharge, to facilitate a successful transition to the community.

The State assures that case management is only provided by and reimbursed to community case management providers.

The State assures that Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.

I. Case Records:
Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a Children's DD Group Home

Providers maintain case records that document for all individuals receiving case management the following: the name of the individual; dates of the case management services; the name of the provider agency (if relevant) and the person providing the case management service; the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; whether the individual has declined services in the care plan; the need for, and occurrences of, coordination with other case managers; the timeline for obtaining needed services; and a timeline for reevaluation of the plan.

J. 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; [DRA]The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.(2001 SMD)
- Activities integral to the administration of foster care programs; or (2001 SMD) and
- Activities for which third parties are liable to pay. (2001 SMD)