

**State Plan under Title XIX of the Social Security Act
State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES
Youth with Serious Emotional Disturbance (SED)**

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

Targeted Case Management (TCM) services are furnished to assist Medicaid eligible youth with Serious Emotional Disturbance (SED) in gaining access to needed medical, social, educational, and other services. Services are provided by a licensed mental health center with a license endorsement permitting the mental health center to provide case management services.

Targeted case management services will not be furnished to

- a persons who receive case management services under a home and community-based waiver program authorized under Section 1915 (c) of the Social Security Act

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 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:

Case management services include:

- (a) comprehensive assessment and periodic reassessment of an eligible individual to determine service needs, including activities that focus on needs identification, and
- (b) determination of the need for any medical, educational, social, or other services,
- (c) these assessment activities include the following:
 - (i) taking youth history,
 - (ii) identifying the needs of the individual, and completing related documentation,
- and

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- (iii) gathering necessary information from other sources, such as family members, medical providers, social workers, and educators to make a complete assessment of the eligible individual
- (d) development and periodic revision of a specific care plan based on the information collected through the assessment that includes the following
 - (i) specific goals and actions to address the medical, social and educational, and other services needed by the eligible individual,
 - (ii) 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
 - (iii) a course of action designed to respond to the assessed needs of the eligible individual
- (e) referral and related activities, such as making referrals and scheduling appointments for the individual, helping eligible individuals obtain needed services, helping to link the individual with medical, social and 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
- (f) monitoring and follow-up activities, including activities and contacts necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. This may be with the individual, family members, service providers, or other entities or individuals and may be conducted as frequently as necessary, including at least one annual monitoring review to help determine whether the following conditions are met
 - (i) services are being furnished in accordance with the individual's care plan,
 - (ii) services in the care plan are adequate to meet the needs of the individual, and
 - (iii) changes in the needs or status of the eligible individual have been accommodated. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers
- (2) Case management may include contacts with non-eligible individuals that are directly related to the identification of the eligible individual's needs and care for the purpose of helping the 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
- (3) Montana Medicaid does not reimburse any of the following activities for case management:
 - (a) the direct delivery of a medical, educational, social, or other service to which an eligible Individual has been referred,
 - (b) transportation services,
 - (c) Medicaid eligibility determination and redetermination activities,
 - (d) Writing and/or entering case notes for the individuals file, and
 - (e) Travel to and from individual client activities

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))

Crisis Intervention

Targeted case management services for youth with SED must be provided by a licensed mental health center. For a mental health center to be licensed, it must provide to its clients crises telephone services

Mental health centers must document case management plans for youth with SED at least every 90 days and must include a crisis response plan.

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b))

Qualified providers are required to be licensed Mental Health Centers with a case management endorsement. Mental Health Centers providing TCM services to SED youth must have a program supervisor and employ case managers who have a bachelor's degree in a human services field with at least one year of full-time experience serving individuals with SED. Individuals with other educational background who have developed the necessary skills, may also be employed as case managers. The mental health center's case management position description must contain equivalency provisions. The availability of case management services may not be made contingent upon a client's willingness to receive other services.

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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
- 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.

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

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 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 licensed mental health centers

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))

All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements

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All providers must document for all individuals receiving case management as follows name of individual, provider agency, and cm, dates of cm, nature, content, units of the cm service received, and whether goals in care plan have been achieved, if individual declined services in the care plan; need for, and occurrences of, coordination with other cm; and timelines for obtaining needed services and reevaluation of the plan

Limitations

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 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 §441.169 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))

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)

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From February 27, 2009 through July 1st 2011, the department requires all providers submit an initial prior authorization to receive TCM services. An initial request for authorization includes

- (a) demographic information about the youth,
- (b) the name and mailing address of a responsible party, if any,
- (c) the name of the provider and other provider information, and
- (d) the youth's DSM-IV diagnosis code

From February 27, 2009 through July 1st 2011, the provider can request additional units if found medical necessary. The department or its designee determines if further targeted case management services are medically necessary. The unscheduled revision request must include

- (a) documentation of an SED diagnosis and functional impairment,
- (b) documentation of the need for continued targeted case management services,
- (c) a case formulation that includes measurable case management goals and objectives,
- (d) a complete list of other services currently in place, and
- (e) a discharge plan

Beginning July 1st 2011, TCM does not need to be prior authorized for reimbursement

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