

Supplement 1H to Attachment 3.1A  
Service 19a  
Targeted Case Management Services For Substance Use Disorders For Adults  
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State Plan under Title XIX of the Social Security Act  
State/Territory: Montana

**TARGETED CASE MANAGEMENT SERVICES  
For Substance Use Disorders For Adults**

**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 adults with a diagnosed substance use disorder and significantly compromised by mental illness or other life condition which makes recovery difficult without supports in gaining access to needed medical, social, education, and other services.

Targeted Case Management Services For Substance Use Disorders For Adults can be provided to eligible Medicaid recipients 21 years of age and older who have a substance use disorder. A substance use disorder diagnosis must be determined by a Licensed Addiction Counselor (LAC) or other state licensed professional qualified to make the diagnosis who is employed by a State Approved Chemical Dependency Program under contract with the Department of Public Health and Human Services.

Diagnosis must be based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or revision thereof. Level of Care is outpatient, intensive outpatient or residential and will be determined by patient placement criteria set forth by the American Society of Addictive Medicine (ASAM-PP2R) or most recent revision thereof and medical necessity, as determined by the Department, who reserves the right to disallow payment of unnecessary services.

☒ 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):**

☒ Entire State  
☐ Only in the following geographic areas: **[Specify areas]**

TN# 08-018  
Supersedes TN# 04-009

Approval Date 9/23/13

Effective Date 07/01/08

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**TARGETED CASE MANAGEMENT SERVICES  
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**Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))**

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

**Definition of services (42 CFR 440.169):**

Targeted case management is defined as:

Services furnished to assist individuals, eligible under the Medicaid State Plan, in gaining access to needed medical, social, educational and other services.

1. Targeted case management includes the following assistance:

- A. A comprehensive assessment and 90-day reassessment of an eligible individual to determine the need for any medical, educational, social, or other services. These assessment activities include the following:
  - i. taking client history;
  - ii. identifying the individual's needs and completing related documentation; and
  - iii. 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;
- B. The development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - i. specifies the goals and actions to address medical, social educational, and other services needed by the eligible individual;
  - ii. includes activities such as ensuring 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. identifies a course of action to respond to the assessed needs of the eligible individual;

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- C. Referral and related activities (such as making referrals and scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help 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
  - D. Monitoring and follow-up activities, including 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 once every 90 days, 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; or
    - iii. Changes in the needs and changes in status of the eligible 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.
2. Case management services for adults with substance use disorders are provided by a state approved chemical dependency program.
3. Case management includes contacts with non-eligible individuals 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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4. Case management requirements include:
- A. availability of case management services may not be made contingent upon a client's willingness to receive other services under the plan;
  - B. case managers must inform eligible individuals they have the right to refuse case management at the time of eligibility determination and annually thereafter at the time of reassessment; and
  - C. providers must document in the case record that the individual has been informed and if the individual has refused services.

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

Qualified providers are required to be a State Approved Chemical Dependency Program. State Approved Chemical Dependency Programs providing targeted case management services to adults with a substance use disorder diagnosis, must have a clinical 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 substance use disorders. Individuals with other education background and experience, who have developed the necessary skills, may also be employed as case managers. The State Approved Chemical Dependency Program's case management position description must contain equivalency provisions.

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

Montana assures 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.
2. Eligible individuals will have free choice of any qualified Medicaid providers.

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TN# 08-018  
Supersedes TN# 04-009

Approval Date 9/23/13

Effective Date 07/01/08

Outline Version 9.15.2009

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For Substance Use Disorders For Adults**

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

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

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

Montana assures the following:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. 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)):**

Montana assures 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.

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

Montana assures State Approved Chemical Dependency Programs will maintain case records documenting for all individuals receiving case management as follows:

1. Name of the individual;
2. Dates of the case management services;
3. Name of the provider agency and person providing TCM services;
4. The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
5. Whether the individual has declined services in the care plan;
6. The need for, and occurrences of, coordination with other case managers;
7. A timeline for obtaining needed services; and
8. A timeline for reevaluation of the plan (a minimum of every 90 days).

**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))

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Approval Date 9/23/13

Effective Date 07/01/08

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Service 19a

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**State Plan under Title XIX of the Social Security Act**  
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**TARGETED CASE MANAGEMENT SERVICES**  
**For Substance Use Disorders For Adults**

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Attachment 4.19B  
Methods and Standards  
For Establishing Payment Rates

Service 19.H  
Targeted Case Management Services  
For Substance Use Disorders  
For Adults  
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STATE PLAN UNDER TITLE XIX OF SOCIAL SECURITY ACT  
State/Territory: Montana

- I. The Department will pay the lower of the following for Targeted Case Management (TCM) services for adults with substance use disorders:
- A) The provider's submitted "usual and customary" charge for the service; or
  - B) The Department's fee schedule, which has rates based on population density, differentiating between urban and frontier rates. The following are the limitations and procedures to bill TCM:
    - 1. Units are billed in 15-minute increments.
    - 2. Providers are limited to 3 hours of TCM per day.
    - 3. TCM can only be billed for services pertaining to the client.
    - 4. Targeted case management is billable for the client's case manager when he/she participates in external cross agency/program team planning meetings to discuss TCM. The client and the Licensed Addiction Counselor can attend but do not have to attend.
    - 5. Collateral contact is not billable and is defined as internal staffing treatment team meetings between the Licensed Addiction Counselors (LAC) and the targeted case managers within an agency.
- II. TCM services provided by a targeted case manager skilled in service delivery to those with substance use disorders with possible co-occurring mental illness based on a fee for service and is included as a billable service under TCM for Substance Use Disorders.

Beginning July 1, 2013, the agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published on the agency's website [www.mtmedicaid.org](http://www.mtmedicaid.org). Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.