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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-0032

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



Region VIII

February 19, 2015

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

Re: SPA MT-14-0032

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-0032. This amendment is adding a target group for Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out of State Psychiatric Residential Treatment Facility (PRTF).

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. We are enclosing the summary page and the amended plan page(s).


If you have any questions regarding this SPA please contact Cindy Smith at 303-844-7041.

Sincerely,

/s/

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

Cc: Richard Opper, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

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|--|--|---|---------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 14-032 | 2. STATE Montana |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE July 1, 2014 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441 Subpart D; 42 CFR 440.160 | | 7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$23,752 (3 months) b. FFY 2015 \$94,930 (12 months) c. FFY 2016 \$71,179 (9 months) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Service 19i, Page 1 of 1 Supplement 1D to Attachment 3.1A, pages 1-5 of 5 Supplement 1D to Attachment 3.1B, pages 1-5 of 5 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): | |
| 10. SUBJECT OF AMENDMENT: The purpose of this new state plan is to add a target group for Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out of State Psychiatric Residential Treatment Facility (PRTF). | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single State Agency Director Review | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604 | |
| 13. TYPED NAME: Mary E. Dalton | | | |
| 14. TITLE: State Medicaid Director | | | |
| 15. DATE SUBMITTED: 7-1-14 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 7/1/14 | | 18. DATE APPROVED: 2/19/15 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14 | | 20. SIGNATURE OF REGIONAL OFFICIAL: /s/ | |
| 21. TYPED NAME: Richard C. Allen | | 22. TITLE: ARA, DMCHO | |
| 23. REMARKS: | | | |

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

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

[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

Targeted Case Management (TCM) services are furnished to assist Medicaid eligible youth with Serious Emotional Disturbance (SED) being treated in an out of state psychiatric residential treatment facility gain access to needed medical, social, educational, and other 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. This target group does not include individuals receiving 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:

- ❖ 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 client 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.]

Montana

Case management services include: 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.

In addition, case management plans for youth with SED must be updated at least every 90 days.

- ❖ **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. [Specify the type of monitoring and justify the frequency of monitoring.]

Montana

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))

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 providers are required to be licensed mental health centers with a youth intensive case management endorsement from the Department's Quality Assurance Division (QAD). QAD is the licensure authority for the state and oversees the endorsement of many mental health services. 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.

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: [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.]

Montana

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)):

Providers 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))

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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.]

Case management services will be available for up to 180 consecutive days of a covered stay in a medical institution. TCM services will be provided to individuals transitioning to a community setting from a medical institution and is limited to 80 units (unit=15 minutes). This limitation may be exceeded based on medical necessity and prior authorization.

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Targeted Case Management (TCM) for youth with Serious Emotional Disturbance (SED) services are provided by a licensed mental health center with a license endorsement permitting the mental health center to provide case management services.

TCM services for youth with SED are reimbursed on a fee per unit of service basis. A unit of service is a period of 15 minutes.

Reimbursement for TCM services for youth with serious emotional disturbance is the lower of: the providers' actual charge for the service or the Department's fee. Unless otherwise noted in the State Plan, fees are the same for both governmental and private providers. The Department's fee schedule rate was set as of 7/1/14 and is effective for services provided on or after that date. All rates are published at <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/45.shtml#feeschedules>.