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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-0030

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
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #093020144015

APR 15 2015

Theodore Dallas
Acting Secretary of Human Services
Department of Human Services
Room 333, Health & Welfare Building
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

Dear Acting Secretary Dallas:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's (PA) State Plan Amendment (SPA) 14-030, Targeted Case Management. SPA PA-14-0030 was submitted in order to update Pennsylvania's State Medicaid Plan to reflect federal regulatory requirements for targeted case management for individuals with intellectual disabilities.

This SPA is approved with an effective date of September 30, 2014. Enclosed are:

1. The CMS Summary Page (CMS-179 form); and
2. The approved State Plan pages for PA-14-030.

If you have any questions, please contact Mary McKeon at 215-861-4181.

Sincerely,

/S/


FRANCIS MCCULLOUGH

Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-030	2. STATE Pennsylvania
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 September 30, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1927 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2014: \$0.00 b. FFY 2015: \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Enclosure A to Attachment 3.1A and 3.1B, Pages 1,2,3,4 Attachment 3.1B, Page 7a Attachment 4.19B, Page 8		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Enclosure A to Attachment 3.1A and 3.1B, Pages 1,2,3,4,5 Attachment 3.1B, Page 7a Attachment 4.19B, Page 8	
10. SUBJECT OF AMENDMENT: Update State Plan to reflect federal regulatory requirements around targeted case management for individuals with an intellectual disability			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Review and <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED approval authority has been delegated <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to the Department of Public Welfare			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/		16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning P.O. Box 8046 Harrisburg, Pa. 17105	
13. TYPED NAME: Beverly D. Mackereth			
14. TITLE: Secretary of Public Welfare			
15. DATE SUBMITTED: SEP 26 2014			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: APR 15 2015
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP 30 2014	20. SIGNATURE OF REGIONAL OFFICIAL: /S/ Associate Regional Administrator
21. TYPED NAME:	
23. REMARKS:	

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

TARGETED SERVICE MANAGEMENT
Individuals with an Intellectual Disability

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
Individuals with an intellectual disability who are eligible for Medical Assistance under the State Plan, excluding recipients of a 1915(c) waiver.

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;

An initial assessment shall be completed within 45 days of referral with reassessments completed annually thereafter.

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- ❖ 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; and
 - Describes the strengths, skills, abilities and preferences of the 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.

Face-to-face monitoring shall occur at least once a year that is separate from the annual service plan meeting. Monitoring shall occur more frequently as needed to ensure the individual's needs are met; as well as to maintain a continuing relationship between the individual, family members, and any providers responsible for services.

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

Targeted Service Management Organization Qualifications

1. Have a service location in Pennsylvania;
2. Function as a conflict free entity. A conflict-free organization, for purposes of rendering this service, is an independent, separate, or self-contained organization. To be conflict free, an organization may not provide direct or indirect services to individuals with an intellectual disability.
3. Ensure 24-hour access to organization personnel (via direct employees or a contract) for response to emergency situations that are related to the targeted service management service.
4. Meet the requirements for operating a not-for-profit, profit, or governmental organization in Pennsylvania.
5. Have Commercial General Liability Insurance and Worker's Compensation Insurance in accordance with state standards and statutes.
6. Have automobile insurance for all automobiles owned, leased, and/or hired and used as a component of the Targeted Service Management service.

Minimum Case Manager Qualifications

1. A bachelor's degree, which includes or is supplemented by at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social science; or
2. Two years' experience as a County Social Service Aide 3 and two years of college level course work, which include at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social service; or
3. Any equivalent combination of experience and training which includes 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice or other related social service and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case management functions.
4. Have a valid driver's license if the operation of a vehicle is necessary to provide Targeted Service Management services.
5. Have criminal clearances as per 35 P.S. §10225.101 et seq and 6 Pa. Code Chapter 15.
6. Have child abuse clearance (when the individual with an intellectual disability is under age 18) as per 23 Pa. C.S. Chapter 63.
7. Complete ODP orientation prior to service delivery. The orientation requirement for case managers includes topics such as Everyday Lives, ODP's Mission, Vision, Values; ODP's Service System, Services and Supports available to

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individuals with an Intellectual Disability in Pennsylvania, Self-Determination;
Individual Support Plans; and the Case Manager's role.

8. Complete any other ODP required training as communicated.

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 an intellectual disability. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with an intellectual disability receive needed services.

Individuals with an intellectual disability will be offered the choice of any provider who meets the qualification criteria specified above for this service and that are enrolled to provide this service. The education and training qualification criteria ensure that case managers who provide this service have the skills, knowledge and experience to meet the needs of individuals with an intellectual disability.

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

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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))

No additional limitations will be added.

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STATE: COMMONWEALTH OF PENNSYLVANIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

TARGETED SERVICE MANAGEMENT FOR PERSONS WITH AN INTELLECTUAL DISABILITY

Targeted Service Management services for individuals with an intellectual disability as outlined per Attachment 3.1, pages 1 through 5, shall be paid based on a fee-for-service basis.

The rate will be established by the Department of Human Services (DHS) according a market-based approach as follows:

This process includes a review of the service definition and a determination of allowable cost components which reflect costs that are reasonable, necessary and related to the delivery of the service, as defined in DHS standards and Federal Cost Principles for Non-Profit Organizations (OMB Circular No. A-122 revised 5/10/04). The fee schedule rates represent the maximum rates that DHS will pay for each service. In developing rates for Targeted Services Management the following occurs:

- ODP evaluates various independent data sources such as a Pennsylvania-specific compensation study and considers the expected expenses for the delivery of the services for the major allowable cost categories listed below:
 - Wages for staff
 - Employee-related expenses
 - Productivity
 - Program indirect expenses
 - Administration-related expenses
 - Non-compensable activities (i.e. travel, training, etc.)
- The fee schedule rate is adjusted by geographical area factors to reflect consideration for differences in wages observed across the Commonwealth.

The unit of service shall be a quarter hour segment.

The agency's fee schedule rate is effective July 1, 2014, for services provided on or after that date.

All rates are published on the agency's website at:

<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/developmentalprograms/feeschedulerrates/index.htm>. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners.

Only providers who meet qualification criteria as outlined per Enclosure A to Attachment 3.1A and 3.1B, page 3, can provide Targeted Service Management services for individuals with an intellectual disability.

Providers are only reimbursed for allowable Targeted Service Management services as reflected in the individual's plan.