DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **11-004**

2. STATE: **TEXAS**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: **September 1, 2011**

5. TYPE OF PLAN MATERIAL *(Circle 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 USC 1396n(g)

7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT
a. FFY **2011** **$0**
b. FFY **2012** **$0**
c. FFY **2013** **$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SEE ATTACHMENT TO BLOCKS 8 & 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
SEE ATTACHMENT TO BLOCKS 8 & 9

10. SUBJECT OF AMENDMENT:
The proposed amendment updates the service description for targeted case management for individuals with chronic mental illness using the Centers for Medicare & Medicaid Services' recommended template.

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: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Billy R. Millwee

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
February 3, 2011

16. RETURN TO:
Billy R. Millwee
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3 February, 2011

18. DATE APPROVED: 26 April, 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Bill Brooks

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

FORM CMS – 179 (07-92)

STATE	Texas
DATE REC'D	2-3-11
DATE APPV'D	4-26-11
DATE EFF	9-1-11
HCFA 179	11-04

A

Targeted Case Management for Individuals with Chronic Mental Illness

1) Target Group:
   a) Individuals, regardless of age, who have a single chronic mental disorder, excluding mental retardation or pervasive developmental disorder, or a combination of chronic mental disorders as defined in the latest edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and who have been determined via a uniform assessment process to be in need of case management services.
   b) Individuals transitioning to a community setting up to 180 consecutive days prior to leaving the institution who have a single chronic mental disorder, excluding mental retardation or pervasive developmental disorder, or a combination of chronic mental disorders as defined in the latest edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and who have been determined via a uniform assessment process to be in need of case management services.
   c) The target group does not include individuals between ages 22 and 64 who are served in an IMD or individuals who are inmates of public institutions.

2) Areas of state in which services will be provided:
   a) Entire State

3) Comparability of services:
   a) Services are not comparable in amount duration and scope. Under section 1915(g) of the Social Security Act, a state may provide services without regard to the comparability requirements of section 1902(a)(10)(B).

4) Definition of services:
   a) 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 and supports. Case management includes the following assistance:
      i) Comprehensive assessment and periodic reassessment, as clinically necessary, of individual needs to determine the need for any medical, educational, social, or other services. These assessment activities include:
         (1) taking a client's history;
         (2) identifying the individual's needs and completing related documentation; and
         (3) 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.

STATE Texas DATE REC'D 2-3-11 DATE APPV'D 4-26-11 DATE EFF 9-1-11 HCFA 179 11-04	A

Targeted Case Management for Individuals with Chronic Mental Illness (continued)

4) Definition of services (continued)

ii) Development (and periodic revision, as clinically necessary) of a specific care plan that:
(1) is based on the information collected through the assessment;
(2) specifies the goals and actions to address the medical, social, educational, and other services and supports needed by the individual;
(3) 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
(4) identifies a course of action to respond to the assessed needs of the eligible individual.

iii) Referral and related activities to help an eligible individual obtain needed services and supports, including activities that help link an individual with:
(1) medical, social, and educational providers; and
(2) other programs and services that provide needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

iv) Monitoring and follow-up activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs.
(1) Such activities may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and at least once annually, to determine whether the following conditions are met:
(a) services are being furnished in accordance with the individual's care plan;
(b) services in the care plan are adequate in amount, scope and duration to meet the needs of the individual; and
(c) the care plan and service arrangements are modified when the individual's needs or status change.

(2) Case management may include 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.

(3) Case management services are coordinated with and do not duplicate activities provided as part of institutional services and discharge planning activities.

Targeted Case Management for Individuals with Chronic Mental Illness (continued)

5) Levels of case management
   a) Site based – primarily face-to-face contact with the Medicaid–eligible individual provided primarily at the provider's place of business (e.g., clinic outpatient office) with telephone contacts with community based agencies, support groups, providers, and other individuals as required to meet the needs of the individual.
   b) Community-based –face-to-face contact with the Medicaid-eligible individual provided primarily at the consumer's home, work place, school, or other location that best meets the consumer's needs with telephone or face-to-face contacts with community based agencies, support groups, providers, and other individuals as required to meet the needs of the individual.

6) Qualifications of providers:
   a) Effective August 31, 2004, a provider of case management must:
      i) demonstrate competency in the work performed; and
      ii) possess a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; or
      iii) be a Registered Nurse (RN); or
      iv) complete an alternative credentialing process identified by the Texas Department of State Health Services (the State's mental health agency).
   b) Individuals authorized to provide case management services prior to August 31, 2004, may provide case management services without meeting the minimum qualifications described above if they meet the following criteria:
      i) high school diploma or high school equivalency;
      ii) three continuous years of documented full-time experience in the provision of mental health case management services as of August 30, 2004; and
      iii) demonstrated competency in the provision and documentation of case management services.
      iv) A case manager must be clinically supervised by another qualified case manager who meets the criteria in subsection 6a above.

SUPERSEDES: TN- 04-08

Targeted Case Management for Individuals with Chronic Mental Illness (continued)

7) Freedom of choice:
   a) Section 1915(g)(1) of the Social Security Act is invoked to limit the providers of case management services to the State Mental Health Authority, which is the Texas Department of State Health Services and community mental health centers and community mental health and mental retardation centers, which are established in accordance with §534.001, Texas Health and Safety Code. In §534.001, the term "department" means, for mental health services, the Department of State Health Services, the successor agency to the Department of Mental Health and Mental Retardation for mental health services. Eligible recipients will have free choice of available providers within these agencies.
   b) The Department of State Health Services has implemented rules, standards, and procedures to ensure that case management activities are:
      i) Available on a statewide basis with procedures to ensure continuity of services without duplication;
      ii) Provided by individuals who meet the requirements of education and work experience commensurate with their job responsibilities as specified by DSHS; and
      iii) In compliance with federal, state, or local laws, including directives, settlements, and resolutions applicable to the target population.
   c) Eligible recipients will have free choice of the providers of other medical care under the plan.

8) Access to Services:
   a) The State assures that case management services will not be used to restrict an individual's access to other services under the plan.
   b) The State assures that 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.
   c) Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

SUPERSEDES: TN- 04-08

STATE Texas
DATE REC'D 2-3-11
DATE APPV'D 4-26-11
DATE EFF 9-1-11
HCFA 179 11-04

A

STATE Texas
DATE REC'D 2-3-11
DATE APPV'D 4-26-11
DATE EFF 9-1-11
HCFA 179 11-09
A

Targeted Case Management for Individuals with Chronic Mental Illness (continued)

9) Case Records:
   a) Providers maintain case records that document for all individuals receiving case management:
      i) the name of the individual;
      ii) 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 case management services provided, including:
         (1) whether the outcomes specified in the care plan have been achieved;
         (2) whether the individual has declined services in the care plan;
         (3) collateral contacts including coordination with other case managers;
         (4) the timeline for obtaining needed services; and
         (5) a timeline for reevaluation of the need for services.

10) Payment:
   a) Payment for 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.
   b) Case management providers are paid based on the reimbursement methodology described in Attachment 4.19 B, 14(e).

11) Limitations:
   a) Case Management does not include:
      i) Case management activities that are an integral component of another covered Medicaid service;
      ii) The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred;
      iii) Activities integral to the administration of foster care programs; and
      iv) Services provided to individuals with a single diagnosis of mental retardation or a developmental disability or disorder who, if an adult, do not also have a co-occurring diagnosis of mental illness or, if a child, do not have a co-occurring diagnosis of serious emotional disturbance.
   b) 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.

SUPERSEDES: NONE - NEW PAGE