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

TARGETED CASE MANAGEMENT SERVICES
Individuals with Serious Mental Illness

Supplement 1 to Attachment 3.1-A

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.]
This target group is comprised of Medicaid recipients with serious mental illness and includes adults with serious mental illness and children with serious emotional disorders, and individuals with substance use disorders (including their Medicaid eligible children who are at risk for the development of a substance use disorder).

__X__ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to __30__ **[insert a number; not to exceed 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.]
  A case management needs assessment is initially performed to determine the recipient's need for targeted case management services. Re-assessments are performed at a minimum of every 180-days but may be performed as frequently as

necessary based on recipient needs. Re-assessments include a review and update of the recipient's specific care plan.

- 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.]**

      Case management monitoring consists of regular contacts between the case manager and the recipient, family members, service providers, or other entities or individuals to determine if goals specified in the targeted case management care plan are being met. For this target group, it is also critical that regular monitoring occurs to ensure that problems are identified and resolved in a timely manner, to determine if the recipient is successfully accessing needed services, and adhering to medication regimens (if applicable), and to determine if there are changes in the recipient's mental health status (e.g., decompensation/changes in the recipient's symptomatology or functioning) that could result in the need for more restrictive levels of care including inpatient hospital care. Monitoring

is performed in accordance with the frequency specified in the recipient's targeted case management service plan which is based on recipient needs.

__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 targeted case managers are:

A. Primary providers of this service are: (1) licensed social service workers, licensed substance use disorder counselors, licensed registered nurses and licensed practical nurses; and (2) individuals who are not licensed (and are not otherwise included in B (3) below) who are at least 18 years old and under the supervision of an individual identified in B(1), B(2), B(4) or B(5) below, or A(1) of this paragraph with the exception of licensed practical nurses. Individuals in A(2) also complete a training course sponsored through the Utah Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH, the State's Substance Abuse and Mental Health Authority) and receive certification as a targeted case manager from DSAMH.

B. In addition to the primary service providers specified in A above, these individuals may also provide this service: (1) An individual licensed under State law as a mental health therapist including physicians, advanced practice registered nurses (APRNs) with psychiatric specialty certification, psychologists, social workers, marriage and family therapists, and clinical mental health counselors; (2) licensed APRNs and licensed APRN interns working toward psychiatric specialty certification and qualification as mental health therapist; (3) individuals exempted from licensure: students engaged in activities constituting the practice of a regulated mental health or substance abuse-related occupation or profession in accordance with the State's Division of Occupational and Professional Licensing (DOPL) under the supervision of qualified faculty, staff, or designee, and individuals who were employed as a psychologist by a state, county or municipal agency or other political subdivision of the state prior to July 1, 1981, and who subsequently have maintained employment as a psychologist in the same state, county, or municipal agency or other political subdivision while engaged in the performance of his official duties for that agency or political subdivision); and (5) other licensed medical practitioners licensed under

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State law (most commonly a physician assistant) and APRNs not otherwise specified above.

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.]** Qualified providers of targeted case management services to recipients in this target group are (1) employed by or under contract with a local mental health and/or substance abuse authority; or (2) employed by or under contract with a local authority's designated mental health and substance abuse services provider; or 3) employed by or under contract with a program providing Medicaid-covered services, including targeted case management for individuals with serious mental illness, under 1915(a) authority. Providers authorized under 1915(a) authority provide targeted case management services only to recipients enrolled in the 1915(a) program.

As an integral part of the public mental health/substance abuse system, or an entity providing Medicaid-covered services under 1915(a) authority, targeted case managers understand the service systems delivering mental health/substance use disorder services and the array of services their clients need. As a member of the mental health and/or substance use disorder service delivery team, they can ensure recipients are able to access all needed services timely and in a coordinated manner.

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))

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.]

TARGETED CASE MANAGEMENT SERVICES
Individuals with Serious Mental Illness

Supplement 1 to Attachment 3.1-B

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[Specify any additional limitations.]