



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
P: 502-564-4321
F: 502-564-0509
www.chfs.ky.gov

Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

March 21, 2014

Jackie Glaze
Associate Regional Director
Centers for Medicare and Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

RE: State Plan Amendment 14-002 - Targeted Case Management

Dear Ms. Glaze:

Enclosed for your review and approval is Kentucky Title XIX State Plan Amendment No. 14-002. The purpose of this State Plan Amendment is to provide additional Targeted Case Management for Substance Use and to make technical changes to current language.

The Public Notice will be submitted at a later date, but prior to the effective date of this SPA and prior to approval of this SPA.

Also, we have included the funding, tribal and maintenance of effort (MOE) questions below:

Funding Questions:

The following questions are being asked and should be answered in relation to all payments made to all providers under Attachment 4.19- D of your State plan.

Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are

required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

DMS Response - the provider retains all funds

1. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
 - (i) a complete list of the names of entities transferring or certifying funds;
 - (ii) the operational nature of the entity (state, county, city, other);
 - (iii) the total amounts transferred or certified by each entity;
 - (iv) clarify whether the certifying or transferring entity has general taxing authority; and,
 - (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

DMS Response - Not Applicable

2. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

DMS Response - Not Applicable

3. Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration.

DMS Response - Not Applicable

4. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

DMS Response - Not Applicable

Tribal questions:

The following are questions related to Section 5006(e) of the Recovery Act (Public Law (P.L.) 111-5) requirement for Tribal Consultation, please provide responses to these questions.

- a. Is the submittal of this State Plan likely to have a direct impact on Indians or Indian health programs (Indian Health Service, Tribal 638 Health Programs, Urban Indian Organizations).
- b. If the submittal of this State Plan is not likely to have a direct impact on Indians or Indian health programs, please explain why not.
- c. If the submittal of this State Plan is likely to have a direct impact on Indians or Indian health programs please respond to the following questions.
 1. How did the State consult with the Federally-recognized tribes and Indian health programs prior to submission of this SPA?
 2. If the tribes and Indian health programs were notified in writing, please provide a copy of the notification, the date it was sent and a list of the entities notified. In addition, please provide information about any concerns expressed by the tribes and/or Indian health providers and the outcome.
 3. If the consultation with the tribes and Indians health providers occurred in a meeting please provide a list of invitees, a list of attendees, the date the meeting took place and information about any concerns expressed by the tribes and/or Indian health providers and the outcome.

DMS Response - Not Applicable

Maintenance of Effort (MOE)

- A. Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.

MOE Period

- Begins on: March 10, 2010, and
- Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.

Is KY in compliance with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program?

DMS Response - Yes

- B. Section 1905(y) and (z) of the Act provides for increased federal medical assistance percentages (FMAP) for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

This SPA would [] / would not [X] violate these provisions, if they remained in effect on or after January 1, 2014.

March 21, 2014
Ms. Jackie Glaze
Page 5

C. Section 1905(aa) of the Act provides for a “disaster-recovery FMAP” increase effective no earlier than January 1, 2011. Under section 1905(cc) of the Act, the increased FMAP under section 1905(aa) of the Act is not available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State’s expenditures at a greater percentage than would have been required on December 31, 2009.

This SPA would [] / would not [X] qualify for such increased federal financial participation (FFP) and is not in violation of this requirement.

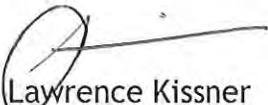
D. Does KY 14-002 comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims?

DMS Response - Yes

Any questions or correspondence relating to this SPA should be sent to Sharley Hughes.

Please let me know if you have any questions relating to this matter.

Sincerely,


Lawrence Kissner
Commissioner

LK/sjh

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-002	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE June 1, 2014
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (*Check 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:	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$21,000,000 increase b. FFY 2015 \$36,000,000 increase
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supp. 1 to Att. 3.1-A Page 23 – 39 Supp. 1 to Att. 3.1-A, Page 1 – 6, 15 and 18 Supp. 1 to Att. 3.1-B, Page 23-39 Supp. 1 to Att. 3.1-B, Page 1 – 6, 15 and 18 Att. 4.19.B, Page 22.22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): New Same New Same Same

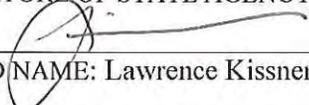
10. SUBJECT OF AMENDMENT:
The purpose of this State Plan Amendment is to provide additional Targeted Case Management for Substance Use and to make technical changes to current language.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Lawrence Kissner	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 3/21/2014	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:
23. REMARKS:	

Fiscal Impact Methodology: The following tables describe Kentucky’s methodology for determining the fiscal impact of SPA 14-002.

Individuals with Substance Use Disorders - Children

Description	KY Existing Medicaid	KY Expansion Medicaid	Source
KY Medicaid members between the ages of 12 and 18	121,610		KY Medicaid
Percentage of population with a SUD	8%		National Survey on Drug Use and Health (2011)
Percentage of substance use disorder population seeking treatment	5%		SAMHSA
KY Medicaid members between the ages of 12 and 18 with a SUD expected to seek treatment	486		Calculation Members X Percentage with SUD X Percentage of SUD Seeking Treatment
Percentage of children with chronic conditions (will receive intensive)	10.7%		Child Health USA 2011
Medicaid members between 12 and 18 with SUD expected to receive TCM (excluding Intensive TCM)	434		Members seeking treatment – (Members Seeking Treatment X Percentage of Children with Chronic Conditions)
KY Rate for TCM for individuals with a SUD	\$334		SPA 14 – 002, 4.19-B

KY FMAP Existing Medicaid	69.83%
KY FMAP Expansion Medicaid	100%
FFY 2014 Months as of SPA effective date	7
FFY 2015 Months	12

	FFY 2014	FFY 2015	Calculation
Total Financial Impact	\$1,015,605.97	\$1,741,038.81	Rate X Members X Months
State Impact	\$306,408.32	\$525,271.41	Total Financial Impact X (1 – Existing Medicaid FMAP)
Federal Impact	\$709,197.65	\$1,215,767.40	Total Financial Impact X Existing Medicaid FMAP

Individuals with Substance Use Disorders - Adults

Description	KY Existing Medicaid	KY Expansion Medicaid	Source
Adult KY Medicaid Members	300,000	177,000	KY Medicaid
Percentage of Population with a SUD	8%		National Survey on Drug Use and Health (2011)
Percentage of SUD population seeking treatment	5%		SAMHSA
Adult KY Medicaid with a SUD expected to seek treatment	1,200	708	Calculation Members X Percentage with SUD X Percentage of SUD Seeking Treatment
Percentage of adults with chronic conditions (will receive intensive)	12.5%	12.5%	CDC
Adult Medicaid members with SUD expected to receive TCM (excluding Intensive TCM)	1,050	620	Members seeking treatment – (Members Seeking Treatment X Percentage of Adults with Chronic Conditions)
KY rate for TCM for individuals with a SUD	\$334	\$334	SPA 14 – 002, 4.19-B

KY FMAP Existing Medicaid	69.83%
KY FMAP Expansion Medicaid	100%
FFY 2014 Months as of SPA effective date	7
FFY 2015 Months	12

	FFY 2014	FFY 2015	Calculation
Total Financial Impact Existing Medicaid	\$2,454,900	\$4,208,400	Rate X Members X Months
Total Financial Impact Expansion Medicaid	\$1,448,391	\$2,482,956	Rate X Members X Months
State Impact	\$740,643.33	\$1,269,674.28	Total Financial Impact Existing Medicaid X (1 – Existing Medicaid FMAP)
Federal Impact	\$3,162,647.67	\$5,421,681.72	(Total Financial Impact Existing Medicaid X Existing Medicaid FMAP) + Total Financial Impact Expansion Medicaid

Individuals with Severe Emotional Disability or Severe Mental Illness – Children

Description	KY Existing Medicaid	KY Expansion Medicaid	Source
2013 KY SED children who received TCM	13,899		KY Medicaid
Percentage of children with chronic conditions (will receive intensive)	10.7%		Child Health USA 2011
KY SED children expected to receive TCM (excluding Intensive TCM)	12,412		2013 utilization – (2013 utilization X Percentage of Children with Chronic Conditions)
New KY rate for TCM for SED children	\$334		SPA 14 – 002, 4.19-B
Average existing KY rate for TCM for SED children	\$300		KY Medicaid
Rate Increase	\$34		New Rate – Existing Rate

KY FMAP Existing Medicaid	69.83%
KY FMAP Expansion Medicaid	100%
FFY 2014 Months as of SPA effective date	7
FFY 2015 Months	12

	FFY 2014	FFY 2015	Calculation
Total Financial Impact	\$2,953,992.35	\$5,063,986.89	Rate Increase X Members X Months
State Impact	\$891,219.49	\$1,527,804.85	Total Financial Impact X (1 – Existing Medicaid FMAP)
Federal Impact	\$2,062,772.86	\$3,536,182.05	Total Financial Impact X Existing Medicaid FMAP

Individuals with Severe Emotional Disability or Severe Mental Illness – Adults

Description	KY Existing Medicaid	KY Expansion Medicaid	Source
2013 KY SMI adults who received TCM	7,376	4,352	KY Medicaid (Expansion is projection of similar utilization)
Percentage of adults with chronic conditions (will receive intensive)	12.5%	12.5%	CDC
KY SMI adults expected to receive TCM (excluding Intensive TCM)	6,454	3,808	2013 utilization – (2013 utilization X Percentage of Children with Chronic Conditions)
New KY rate for TCM for SMI adults	\$334	\$334	SPA 14 – 002, 4.19-B
Average existing KY rate for TCM for SMI adults	\$300	N/A	KY Medicaid
Rate Increase	\$34	\$334	New Rate – Existing Rate

KY FMAP Existing Medicaid	69.83%
KY FMAP Expansion Medicaid	100%
FFY 2014 Months as of SPA effective date	7
FFY 2015 Months	12

	FFY 2014	FFY 2015	Calculation
Total Financial Impact Existing Medicaid	\$1,536,104.06	\$2,633,321.25	Rate Increase X Members X Months
Total Financial Impact Expansion Medicaid	\$8,903,078.43	\$15,262,420.16	Rate X Members X Months
State Impact	\$463,442.60	\$794,473.02	Total Financial Impact Existing Medicaid X (1 – Existing Medicaid FMAP)
Federal Impact	\$9,975,739.89	\$17,101,268.39	(Total Financial Impact Existing Medicaid X Existing Medicaid FMAP) + Total Financial Impact Expansion Medicaid

Individuals with Co-Occurring Mental Health or Substance Use and Chronic or Complex Physical Health Issues – Children

Description	KY Existing Medicaid	KY Expansion Medicaid	Source
Sum of SED and SU children expected to Receive TCM	14,385		KY Medicaid members between the ages of 12 and 18 with SUD Expected to Seek Treatment + 2013 KY SED Children who Received TCM
Percentage of children with chronic conditions (will receive intensive)	10.7%		Child Health USA 2011
Children expected to receive intensive TCM	1,539		Children Expected to Receive Intensive TCM X Percentage of Children with Chronic Conditions
KY rate for TCM for individuals with co-occurring mental health or SUD and chronic or complex physical health issues	\$541		SPA 14 – 002, 4.19-B
New KY rate for SED children and SMI adults	\$300		KY Medicaid
Difference between KY rate for TCM for individuals with co-occurring mental health or SUD and chronic or complex physical health issues and average existing KY rate for TCM for SED children	\$241		

KY FMAP Existing Medicaid	69.83%
KY FMAP Expansion Medicaid	100%
FFY 2014 Months as of SPA effective date	7
FFY 2015 Months	12

	FFY 2014	FFY 2015	Calculation
Total Financial Impact	\$2,596,686.35	4,451,462.31	Rate Difference X Members X Months
State Impact	\$783,420.27	\$1,343,006.18	Total Financial Impact X (1 – Existing Medicaid FMAP)
Federal Impact	\$1,813,266.08	\$3,108,456.13	Total Financial Impact X Existing Medicaid FMAP

Individuals with Co-Occurring Mental Health or Substance Use and Chronic or Complex Physical Health Issues – Adults

Description	KY Existing Medicaid	KY Expansion Medicaid	Source
Sum of SMI and SUD adults expected to receive TCM	8,576	5,060	KY Adult Medicaid members with SUD Expected to Seek Treatment + 2013 KY SMI Adults who Received TCM (Expansion is a projection of similar utilization)
Percentage of adults with chronic conditions (will receive intensive)	12.5%	12.5%	CDC
Adults expected to receive intensive TCM	1,072	1,072	Adults Expected to Receive Intensive TCM X Percentage of Adults with Chronic Conditions
KY rate for TCM for individuals with co-occurring mental health or substance use and chronic or complex physical health issues	\$541	\$541	SPA 14 – 002, 4.19-B
Existing KY rate for SED children and SMI adults	\$300	-	KY Medicaid
Difference between KY rate for TCM for individuals with co-occurring mental health or SUD and chronic or complex physical health issues and average existing KY rate for TCM for SED children	\$241	\$541	

KY FMAP Existing Medicaid	69.83%
KY FMAP Expansion Medicaid	100%
FFY 2014 Months as of SPA effective date	7
FFY 2015 Months	12

	FFY 2014	FFY 2015	Calculation
Total Financial Impact Existing Medicaid	\$1,808,516.72	\$3,100,314.38	Rate Difference X Members X Months
Total Financial Impact Expansion Medicaid	\$2,395,271.58	\$4,106,179.86	Rate X Members X Months
State Impact	\$545,629.49	\$935,364.85	Total Financial Impact Existing Medicaid X (1 – Existing Medicaid FMAP)
Federal Impact	\$3,658,158.81	\$6,271,129.38	(Total Financial Impact Existing Medicaid X Existing Medicaid FMAP) + Total Financial Impact Expansion Medicaid

Total Federal Fiscal Impact

	FFY 2014	FFY 2015
Individuals with Substance Use Disorders – Children	\$709,197.65	\$1,215,767.40
Individuals with Substance Use Disorders – Adults	\$3,162,647.67	\$5,421,681.72
Individuals with Severe Emotional Disability or Severe Mental Illness – Children	\$2,062,772.86	\$3,536,182.05
Individuals with Severe Emotional Disability or Severe Mental Illness – Adults	\$9,975,739.89	\$17,101,268.39
Individuals with Co-Occurring Mental Health or Substance Use and Chronic or Complex Physical Health Issues – Children	\$1,813,266.08	\$3,108,456.13
Individuals with Co-Occurring Mental Health or Substance Use and Chronic or Complex Physical Health Issues – Adults	\$3,658,158.81	\$6,271,129.38
Total	\$21,381,782.96	\$36,654,485.07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

- A. Target Groups: By invoking the exception to comparability allowed by 1915 (g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Aged 0-21 and meet the medical eligibility criteria of Commission ~~for Handicapped Children~~ for Children with Special Health Care Needs, the state's Title V ~~Crippled Children's~~ Maternal and Child Health Agency, and
 2. Persons of all ages meeting the medical eligibility criteria of the Commission for ~~Handicapped~~ Children with Special Health Care Needs and having a diagnosis of hemophilia.
- The individuals in the target groups may not be receiving case management services under an approved waiver program.
- B. Areas of State in which services will be provided:
- Entire State.
- Only in the following geographic areas (authority of Section 1915 (g)(1) of the Act is involved to provide services less than statewide:
- C. Comparability of Services
- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services: Case management is a service instrument by which service agencies assist an individual in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1902 a (23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

(continued on next page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

D. Definition of Services: (Continued)

1. Assessment of client's medical, social, and functional status and identification of client service needs;
2. Arranging for service delivery from the client's chosen provider to insure access to required services;
3. Insure access to needed services by explaining the need and importance of services in relation to the client's condition;
4. Insure access, quality and delivery of necessary services, and
5. Preparation and maintenance of case record documentation to include service plans, forms, reports, and narratives, as appropriate.

E. Qualification of Providers:

Providers must be certified as a Medicaid provider meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management
 - (a) assessment
 - (b) care/~~sex~~-services plan development
 - (c) linking/coordination of services
 - (d) reassessment/follow up
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrated experience with the target population.
4. An administrative capacity to insure quality of services in accordance with state and federal requirements.
5. A financial management system that provides documentation of services and costs.
6. Capacity to document and maintain individual case records in accordance with state and federal requirements.
7. Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider.
8. Demonstrated capacity to meet the case management service needs of the target population.

(Continued on next Page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

E. Qualifications of Providers (continued)

Qualifications of Case Manager (Only the following can be case managers)

1. Registered Nurse - Must be licensed as a Registered Nurse or possess a valid work permit issued by the Kentucky Board of Nursing.
2. Social Worker - A master's degree in social work supplemented by one year of professional social work experience; or a graduate of a college or university with a bachelor's degree supplemented by two years of professional social work experience.

F. The State attests 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 recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. 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.

~~Targeted Case Management Services for Severely Emotionally Disturbed Children~~

~~A. Target Groups: By involving the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:~~

- ~~1. Age 0-21 and meet the state's conditions and circumstances to be defined as a "severely emotionally disturbed child."~~

~~The individuals in the target groups may not be receiving case management services under an approved waiver program.~~

~~B. Areas of State in which services will be provided:~~

- ~~Entire State.~~
- ~~Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide:~~

~~C. Comparability of Services~~

- ~~Services are provided in accordance with Section 1902(a)(10)(B) of the Act.~~
- ~~Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.~~

~~D. Definition of Services: Case management is a service instrument by which service agencies assist an individual in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1902 (a) (23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:~~

This Page is Intentionally Left Blank

TN No. 91-22
Supersedes
TN No. None

Approval Date 10-9-91

Effective Date 7-1-91

- ~~(1) A written comprehensive assessment of the child's needs;~~
- ~~(2) Arranging for the delivery of the needed services as identified in the assessment;~~
- ~~(3) Assisting the child and his family in accessing needed services;~~
- ~~(4) Monitoring the child's progress by making referrals, tracking the child's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child's changing needs;~~
- ~~(5) Performing advocacy activities on behalf of the child and his family;~~
- ~~(6) Preparing and maintaining case records documenting contacts, services needed, reports, the child's progress, etc.;~~
- ~~(7) Providing case consultation (i.e., consulting with the service providers/collateral's in determining child's status and progress); and~~
- ~~(8) Performing crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals, and coordinating other needed emergency services);~~

~~E. Qualification of Providers:~~

~~Provider participation shall be limited to the Kentucky Department for Social Services and the fourteen Regional Mental Health Mental Retardation Centers, licensed in accordance with state regulations.~~

~~Qualifications of Case Manager and Supervision Requirement~~

- ~~(1) Case Manager Qualifications. Each case manager shall be required to meet the following minimum requirements:~~
 - ~~(a) Have a Bachelor of Arts or Bachelor of Sciences degree in any of the behavioral sciences from an accredited institution; and~~
 - ~~(b) Have one (1) year of experience working directly with children or performing case management services (except that a master's degree in a human services field may be substituted for the one (1) year of experience); and~~
 - ~~(c) Have received training within six (6) months designed and provided by each participating provider directed toward the provision of case management services to the targeted population; and~~

This Page is Intentionally Left Blank

TN No. 91-22
Supersedes
TN No. None

Approval Date: 10-9-91

Effective Date: 7-1-91

~~(d) Have supervision for a minimum of one (1) year by a mental health professional; i.e., psychiatrist, psychologist, master's level social worker (MSW), psychiatric nurse or professional equivalent (a minimum of a bachelor's degree in a human services field, with two (2) years of experience in mental health related children's services). The supervisor shall also complete the required case management or training course.~~

~~(2) Case Manager Supervision Requirement. For at least one (1) year, each case manager shall have supervision performed at least once a month for each case plan.~~

~~F. 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 recipients will have free choice of the providers of case management services.~~

~~(2) Eligible recipients will have free choice of the providers of other medical care under the plan.~~

~~G. 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 purposes.~~

This Page is Intentionally Left Blank

TN No. 92-12
Supersedes
TN No. 91-22

Approval Date: 9-14-1992

Effective Date: 4-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES

- A. Target Group: By invoking the exception to comparability allowed by 1915(g)(l) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Pregnant women who have not reached their twentieth birthday and will be first time ~~ten~~ parents;
 2. Pregnant women who are twenty years of age or older, will be first time parents, and screen positive for the home visitation program which shall be called Health Access Nurturing Development Services (HANDS). High risk screening factors include: first time mothers who are single, separated or divorced; those who had late, sporadic or no prenatal care; those who sought or attempted an unsuccessful abortion; partner unemployed; inadequate income or no source of income; unstable housing; no phone; education less than 12 years; inadequate emergency contacts; treatment of or current substance abuse; treatment of abortion; treatment of psychiatric care; relinquishment for adoption, sought or attempted; marital or family problems: treatment of or current depression;
 3. Infants and toddlers up to their third birthday who are children in families described in A.1 and A.2 of this subsection;
 4. First born infants up to twelve (12) weeks of age whose families were not identified prenatally and who assess into the program.
 5. A first-time father or guardian of a child identified in 3 or 4 above.
- B. Areas of State in which services will be provided:
- Entire State
- Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than state wide:
- C. Comparability of Services:
- Services are provided in accordance with 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope. Authority of 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of 1902(a)(10)(B).
- D. Definition of Services
- Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, education, and other services. Consistent with the requirement of Section 1902(a)(23) of the Act, the providers will monitor client treatment to

-
- e) Administrative capacity to insure quality of services in accordance with state and federal requirements;
 - f) Demonstrated capacity to provide certified training and technical assistance to case managers;
 - g) Financial management system that provides documentation of services and ~~—~~costs;
 - h) Capacity to document and maintain individual case records in accordance with state and federal requirements;
 - i) Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider; and
 - j) Demonstrated capacity to meet the case management service needs of the target population.

2. Qualifications of Case Manager

The case manager shall meet one of the following professional criteria:

- a) Registered Nurse – Must have a valid Kentucky Board of Nursing license as a ~~—~~registered nurse or advanced registered nurse practitioner.
- b) Social Worker – Meet the requirement of KRS Chapter 335 for licensure by the State Board of Examiners of Social Work, have a ~~masters~~master's degree in social work, or have a ~~bachelors~~bachelor's degree in social work from an accredited institution.
- c) Early Childhood Development Specialist – have a ~~bachelors~~bachelor's degree in Family Studies, Early Childhood Education, Early Childhood Special Education, or a related Early Childhood Development Curriculum.
- d) Family Support Worker (FSW) – Have a high school diploma or GED, be 18 years of age or older, and have received core training prior to having family contact on assessment of family strengths and needs, service plan development, home visitor process, home visitor role, supporting growth in families, observing parent-child interactions, knowing indicators of parent-infant attachment, keeping home visit records, conducting service coordination and reassessment. In addition to the core training the family support worker receives continuing training on selected topics including confidentiality, community resources, developmental milestones, family violence, substance abuse, ethical issues, communication skills, HIV/AIDS training, and interviewing techniques. The FSW must be supervised by a registered nurse or social worker.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

- A. Target Groups: By invoking the exception to comparability allowed by 1915 (g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Aged 0-21 and meet the medical eligibility criteria of Commission for Children with Special Health Care Needs, the state's Title V Maternal and Child Health Agency, and
 2. Persons of all ages meeting the medical eligibility criteria of the Commission for Children with Special Health Care Needs and having a diagnosis of hemophilia.
- The individuals in the target groups may not be receiving case management services under an approved waiver program.
- B. Areas of State in which services will be provided:
- Entire State.
- Only in the following geographic areas (authority of Section 1915 (g)(1) of the Act is invoked to provide services less than statewide:
- C. Comparability of Services
- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services: Case management is a service instrument by which service agencies assist an individual in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1902 a (23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

(continued on next page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

D. Definition of Services: (Continued)

1. Assessment of client's medical, social, and functional status and identification of client service needs;
2. Arranging for service delivery from the client's chosen provider to insure access to required services;
3. Insure access to needed services by explaining the need and importance of services in relation to the client's condition;
4. Insure access, quality and delivery of necessary services, and
5. Preparation and maintenance of case record documentation to include service plans, forms, reports, and narratives, as appropriate.

E. Qualification of Providers:

Providers must be certified as a Medicaid provider meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management
 - (a) assessment
 - (b) care/services plan development
 - (c) linking/coordination of services
 - (d) reassessment/follow up
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrated experience with the target population.
4. An administrative capacity to insure quality of services in accordance with state and federal requirements.
5. A financial management system that provides documentation of services and costs.
6. Capacity to document and maintain individual case records in accordance with state and federal requirements.
7. Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider.
8. Demonstrated capacity to meet the case management service needs of the target population.

(Continued on next Page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

E. Qualifications of Providers (continued)

Qualifications of Case Manager (Only the following can be case managers)

1. Registered Nurse - Must be licensed as a Registered Nurse or possess a valid work permit issued by the Kentucky Board of Nursing.
2. Social Worker - A master's degree in social work supplemented by one year of professional social work experience; or a graduate of a college or university with a bachelor's degree supplemented by two years of professional social work experience.

F. The State attests 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 recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. 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.

This Page is Intentionally Left Blank

This Page is Intentionally Left Blank

This Page is Intentionally Left Blank

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES

- A. Target Group: By invoking the exception to comparability allowed by 1915(g)(l) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Pregnant women who have not reached their twentieth birthday and will be first time parents;
 2. Pregnant women who are twenty years of age or older, will be first time parents, and screen positive for the home visitation program which shall be called Health Access Nurturing Development Services (HANDS). High risk screening factors include: first time mothers who are single, separated or divorced; those who had late, sporadic or no prenatal care; those who sought or attempted an unsuccessful abortion; partner unemployed; inadequate income or no source of income; unstable housing; no phone; education less than 12 years; inadequate emergency contacts; treatment of or current substance abuse; treatment of abortion; treatment of psychiatric care; relinquishment for adoption, sought or attempted; marital or family problems: treatment of or current depression;
 3. Infants and toddlers up to their third birthday who are children in families described in A.1 and A.2 of this subsection;
 4. First born infants up to twelve (12) weeks of age whose families were not identified prenatally and who assess into the program.
 5. A first-time father or guardian of a child identified in 3 or 4 above.
- B. Areas of State in which services will be provided:
- Entire State
- Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than state wide:
- C. Comparability of Services:
- Services are provided in accordance with 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope. Authority of 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of 1902(a)(10)(B).
- D. Definition of Services
- Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, education, and other services. Consistent with the requirement of Section 1902(a)(23) of the Act, the providers will monitor client treatment to

-
- e) Administrative capacity to insure quality of services in accordance with state and federal requirements;
 - f) Demonstrated capacity to provide certified training and technical assistance to case managers;
 - g) Financial management system that provides documentation of services and costs;
 - h) Capacity to document and maintain individual case records in accordance with state and federal requirements;
 - i) Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider; and
 - j) Demonstrated capacity to meet the case management service needs of the target population.

2. Qualifications of Case Manager

The case manager shall meet one of the following professional criteria:

- a) Registered Nurse – Must have a valid Kentucky Board of Nursing license as a registered nurse or advanced registered nurse practitioner.
- b) Social Worker – Meet the requirement of KRS Chapter 335 for licensure by the State Board of Examiners of Social Work, have a master’s degree in social work, or have a bachelor’s degree in social work from an accredited institution.
- c) Early Childhood Development Specialist – have a bachelor’s degree in Family Studies, Early Childhood Education, Early Childhood Special Education, or a related Early Childhood Development Curriculum.
- d) Family Support Worker (FSW) – Have a high school diploma or GED, be 18 years of age or older, and have received core training prior to having family contact on assessment of family strengths and needs, service plan development, home visitor process, home visitor role, supporting growth in families, observing parent-child interactions, knowing indicators of parent-infant attachment, keeping home visit records, conducting service coordination and reassessment. In addition to the core training the family support worker receives continuing training on selected topics including confidentiality, community resources, developmental milestones, family violence, substance abuse, ethical issues, communication skills, HIV/AIDS training, and interviewing techniques. The FSW must be supervised by a registered nurse or social worker.

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

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

- A. The target group includes individuals who:
1. Have a primary moderate or severe substance use disorder diagnosis or co-occurring substance use disorder and mental health diagnoses; and one or more of the following: (a) Lack of access to recovery supports; (b) Need for assistance with access to housing, vocational, medical, social, educational or other community services and supports; or (c) Involvement with one or more child welfare or criminal justice agencies.
 - Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)
- B. Areas of State in which services will be provided (§1915(g)(1) of the Act):
- Entire State
 - Only in the following geographic areas:
- C. 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)).
- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. a face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: ~~4/1/2014~~

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) monitoring shall occur no less than once every three (3) months and shall be face-to-face.
- 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))

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

- E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
 2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.
 3. Each case manager shall be required to meet the following minimum requirements:
 - a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face.

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: ~~4/1/2014~~

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

F. 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.

G. 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:

H. 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:

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.

I. 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.

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

J. 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.

K. Limitations:

1. 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).
2. 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))
3. 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))

~~4. Services shall be limited to a maximum of eight (8) fifteen (15) minute units of targeted case management per day, per client and a maximum of fifty six (56) fifteen minute units of targeted case management per month, per client. These limits may be exceeded based on documented medical necessity.~~

45. The individuals in the target groups may not be receiving case management services under an approved waiver program.

| Supersedes
TN #: NEW

Approval Date: _____

Effective Date: ~~4~~/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

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

A. The target group includes individuals who:

1. Have at least one of the following types disorders: (a) A primary moderate or severe substance use disorder diagnosis; (b) A severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)]; (c) A severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: self-care, interpersonal relationships, family life, self-direction, and education; or has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
2. Have a chronic or complex physical health issue; and
3. Need assistance with access to housing, vocational, medical, social, educational or other community services and supports; or
4. Involvement with one or more child welfare or criminal justice agency; or
5. Are in the custody of the Department for Community-Based Services or at risk of out-of-home placement; or are at risk of in-patient mental health treatment.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas:

C. 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)).

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: 4/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - c. A face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
 2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: 4/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

- 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))

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

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: ~~14~~/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

3. Each case manager shall be required to meet the following minimum requirements:
 - a. Master's degree in social work, family studies, clinical counseling, psychology, nursing or related human services field approved by the Department for Medicaid Services; and a minimum of two (2) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; or
 - b. A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) and five (5) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; and
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Bachelor's level staff shall be supervised by a behavioral health professional, who has completed case management training approved by KBHDID. Supervision shall occur at least three (3) times per month. At least two of these supervisory contacts shall be on an individual basis and face-to-face.

F. 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.

G. 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:

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: ~~14~~/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

H. 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:

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.

I. 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.

J. 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.

K. Limitations:

1. 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).
2. 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))

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: 4/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

3. 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))
- ~~4. Services shall be limited to a maximum of eight (8) fifteen (15) minute units of targeted case management per day, per client and a maximum of fifty six (56) fifteen minute units of targeted case management per month, per client. These limits may be exceeded based on documented medical necessity.~~
- ~~45. [The individuals in the target groups may not be receiving case management services under an approved waiver program.](#)~~

| Supersedes
TN #: NEW

Approval Date: _____

Effective Date: ~~4~~/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

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

A. The target group includes individuals who:

1. Have a severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)]; or
2. Are age 20 or younger and have a severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: self-care, interpersonal relationships, family life, self-direction, and education; or has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
3. Are in the custody of the Department for Community-Based Services, or at risk of out-of-home placement; or are at risk of in-patient mental health treatment.

- Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas:

C. 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)).

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: ~~14~~/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. An assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
 2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: ~~14~~/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

- 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))

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

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

3. Each case manager shall be required to meet the following minimum requirements:
 - a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with individuals with behavioral health needs after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face.

F. 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.

G. 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:

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

H. 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:

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.

I. 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.

J. 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.

K. Limitations:

1. 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).
2. 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))

TN # 14-002
Supersedes
TN #: NEW

Approval Date: _____

Effective Date: 4/1/2014

State Plan under Title XIX of the Social Security Act

State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

3. 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))

~~4. Services shall be limited to a maximum of eight (8) fifteen (15) minute units of targeted case management per day, per client and a maximum of fifty-six (56) fifteen minute units of targeted case management per month, per client. These limits may be exceeded based on documented medical necessity.~~

~~45. [The individuals in the target groups may not be receiving case management services under an approved waiver program.](#)~~

TN #: NEW

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

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

- A. The target group includes individuals who:
1. Have a primary moderate or severe substance use disorder diagnosis or co-occurring substance use disorder and mental health diagnoses; and one or more of the following: (a) Lack of access to recovery supports; (b) Need for assistance with access to housing, vocational, medical, social, educational or other community services and supports; or (c) Involvement with one or more child welfare or criminal justice agencies.
 - Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)
- B. Areas of State in which services will be provided (§1915(g)(1) of the Act):
- Entire State
 - Only in the following geographic areas:
- C. 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)).
- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. a face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) monitoring shall occur no less than once every three (3) months and shall be face-to-face.
- 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))

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

- E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
 2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.
 3. Each case manager shall be required to meet the following minimum requirements:
 - a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

F. 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.

G. 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:

H. 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:

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.

I. 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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

J. 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.

K. Limitations:

1. 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).
2. 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))
3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

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

- A. The target group includes individuals who:
1. Have at least one of the following types disorders: (a) A primary moderate or severe substance use disorder diagnosis; (b) A severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)]; (c) A severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: self-care, interpersonal relationships, family life, self-direction, and education; or has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
 2. Have a chronic or complex physical health issue; and
 3. Need assistance with access to housing, vocational, medical, social, educational or other community services and supports; or
 4. Involvement with one or more child welfare or criminal justice agency; or
 5. Are in the custody of the Department for Community-Based Services or at risk of out-of-home placement; or are at risk of in-patient mental health treatment.
- Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)
- B. Areas of State in which services will be provided (§1915(g)(1) of the Act):
- Entire State
 Only in the following geographic areas:
- C. 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)).

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - c. A face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
 2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

- 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))

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

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

3. Each case manager shall be required to meet the following minimum requirements:
 - a. Master's degree in social work, family studies, clinical counseling, psychology, nursing or related human services field approved by the Department for Medicaid Services; and a minimum of two (2) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; or
 - b. A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) and five (5) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; and
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Bachelor's level staff shall be supervised by a behavioral health professional, who has completed case management training approved by KBHDID. Supervision shall occur at least three (3) times per month. At least two of these supervisory contacts shall be on an individual basis and face-to-face.

F. 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.

G. 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:

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

H. 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:

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.

I. 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.

J. 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.

K. Limitations:

1. 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).
2. 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)).

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

3. 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))

4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

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

A. The target group includes individuals who:

1. Have a severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)]; or
2. Are age 20 or younger and have a severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: self-care, interpersonal relationships, family life, self-direction, and education; or has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
3. Are in the custody of the Department for Community-Based Services, or at risk of out-of-home placement; or are at risk of in-patient mental health treatment.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas:

C. 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)).

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. An assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
 2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

- 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))

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

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

3. Each case manager shall be required to meet the following minimum requirements:
 - a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with individuals with behavioral health needs after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face.

F. 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.

G. 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:

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

H. 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:

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.

I. 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.

J. 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.

K. Limitations:

1. 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).
2. 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))

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

- A. Target Groups: By invoking the exception to comparability allowed by 1915 (g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Aged 0-21 and meet the medical eligibility criteria of Commission for Children with Special Health Care Needs, the state's Title V Maternal and Child Health Agency, and
 2. Persons of all ages meeting the medical eligibility criteria of the Commission for Children with Special Health Care Needs and having a diagnosis of hemophilia.
- The individuals in the target groups may not be receiving case management services under an approved waiver program.
- B. Areas of State in which services will be provided:
- Entire State.
- Only in the following geographic areas (authority of Section 1915 (g)(1) of the Act is invoked to provide services less than statewide:
- C. Comparability of Services
- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services: Case management is a service instrument by which service agencies assist an individual in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1902 a (23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

(continued on next page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

D. Definition of Services: (Continued)

1. Assessment of client's medical, social, and functional status and identification of client service needs;
2. Arranging for service delivery from the client's chosen provider to insure access to required services;
3. Insure access to needed services by explaining the need and importance of services in relation to the client's condition;
4. Insure access, quality and delivery of necessary services, and
5. Preparation and maintenance of case record documentation to include service plans, forms, reports, and narratives, as appropriate.

E. Qualification of Providers:

Providers must be certified as a Medicaid provider meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management
 - (a) assessment
 - (b) care/services plan development
 - (c) linking/coordination of services
 - (d) reassessment/follow up
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrated experience with the target population.
4. An administrative capacity to insure quality of services in accordance with state and federal requirements.
5. A financial management system that provides documentation of services and costs.
6. Capacity to document and maintain individual case records in accordance with state and federal requirements.
7. Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider.
8. Demonstrated capacity to meet the case management service needs of the target population.

(Continued on next Page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

E. Qualifications of Providers (continued)

Qualifications of Case Manager (Only the following can be case managers)

1. Registered Nurse - Must be licensed as a Registered Nurse or possess a valid work permit issued by the Kentucky Board of Nursing.
2. Social Worker - A master's degree in social work supplemented by one year of professional social work experience; or a graduate of a college or university with a bachelor's degree supplemented by two years of professional social work experience.

F. The State attests 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 recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. 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.

This Page is Intentionally Left Blank

This Page is Intentionally Left Blank

This Page is Intentionally Left Blank

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES

- A. Target Group: By invoking the exception to comparability allowed by 1915(g)(l) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Pregnant women who have not reached their twentieth birthday and will be first time parents;
 2. Pregnant women who are twenty years of age or older, will be first time parents, and screen positive for the home visitation program which shall be called Health Access Nurturing Development Services (HANDS). High risk screening factors include: first time mothers who are single, separated or divorced; those who had late, sporadic or no prenatal care; those who sought or attempted an unsuccessful abortion; partner unemployed; inadequate income or no source of income; unstable housing; no phone; education less than 12 years; inadequate emergency contacts; treatment of or current substance abuse; treatment of abortion; treatment of psychiatric care; relinquishment for adoption, sought or attempted; marital or family problems: treatment of or current depression;
 3. Infants and toddlers up to their third birthday who are children in families described in A.1 and A.2 of this subsection;
 4. First born infants up to twelve (12) weeks of age whose families were not identified prenatally and who assess into the program.
 5. A first-time father or guardian of a child identified in 3 or 4 above.
- B. Areas of State in which services will be provided:
- Entire State
- Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than state wide:
- C. Comparability of Services:
- Services are provided in accordance with 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope. Authority of 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of 1902(a)(10)(B).
- D. Definition of Services
- Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, education, and other services. Consistent with the requirement of Section 1902(a)(23) of the Act, the providers will monitor client treatment to

-
- e) Administrative capacity to insure quality of services in accordance with state and federal requirements;
 - f) Demonstrated capacity to provide certified training and technical assistance to case managers;
 - g) Financial management system that provides documentation of services and costs;
 - h) Capacity to document and maintain individual case records in accordance with state and federal requirements;
 - i) Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider; and
 - j) Demonstrated capacity to meet the case management service needs of the target population.

2. Qualifications of Case Manager

The case manager shall meet one of the following professional criteria:

- a) Registered Nurse – Must have a valid Kentucky Board of Nursing license as a registered nurse or advanced registered nurse practitioner.
- b) Social Worker – Meet the requirement of KRS Chapter 335 for licensure by the State Board of Examiners of Social Work, have a master’s degree in social work, or have a bachelor’s degree in social work from an accredited institution.
- c) Early Childhood Development Specialist – have a bachelor’s degree in Family Studies, Early Childhood Education, Early Childhood Special Education, or a related Early Childhood Development Curriculum.
- d) Family Support Worker (FSW) – Have a high school diploma or GED, be 18 years of age or older, and have received core training prior to having family contact on assessment of family strengths and needs, service plan development, home visitor process, home visitor role, supporting growth in families, observing parent-child interactions, knowing indicators of parent-infant attachment, keeping home visit records, conducting service coordination and reassessment. In addition to the core training the family support worker receives continuing training on selected topics including confidentiality, community resources, developmental milestones, family violence, substance abuse, ethical issues, communication skills, HIV/AIDS training, and interviewing techniques. The FSW must be supervised by a registered nurse or social worker.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

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

- A. The target group includes individuals who:
1. Have a primary moderate or severe substance use disorder diagnosis or co-occurring substance use disorder and mental health diagnoses; and one or more of the following: (a) Lack of access to recovery supports; (b) Need for assistance with access to housing, vocational, medical, social, educational or other community services and supports; or (c) Involvement with one or more child welfare or criminal justice agencies.
 - Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)
- B. Areas of State in which services will be provided (§1915(g)(1) of the Act):
- Entire State
 - Only in the following geographic areas:
- C. 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)).
- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. a face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) monitoring shall occur no less than once every three (3) months and shall be face-to-face.
- 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))

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

- E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
 2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.
 3. Each case manager shall be required to meet the following minimum requirements:
 - a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

F. 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.

G. 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:

H. 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:

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.

I. 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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Substance Use Disorders

J. 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.

K. Limitations:

1. 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).
2. 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))
3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

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

A. The target group includes individuals who:

1. Have at least one of the following types disorders: (a) A primary moderate or severe substance use disorder diagnosis; (b) A severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)]; (c) A severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: self-care, interpersonal relationships, family life, self-direction, and education; or has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
2. Have a chronic or complex physical health issue; and
3. Need assistance with access to housing, vocational, medical, social, educational or other community services and supports; or
4. Involvement with one or more child welfare or criminal justice agency; or
5. Are in the custody of the Department for Community-Based Services or at risk of out-of-home placement; or are at risk of in-patient mental health treatment.

- Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas:

C. 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)).

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - c. A face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
 2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

- 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))

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

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

3. Each case manager shall be required to meet the following minimum requirements:
 - a. Master's degree in social work, family studies, clinical counseling, psychology, nursing or related human services field approved by the Department for Medicaid Services; and a minimum of two (2) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; or
 - b. A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) and five (5) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; and
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Bachelor's level staff shall be supervised by a behavioral health professional, who has completed case management training approved by KBHDID. Supervision shall occur at least three (3) times per month. At least two of these supervisory contacts shall be on an individual basis and face-to-face.

F. 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.

G. 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:

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

H. 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:

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.

I. 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.

J. 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.

K. Limitations:

1. 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).
2. 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)).

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

3. 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))

4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

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

A. The target group includes individuals who:

1. Have a severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)]; or
2. Are age 20 or younger and have a severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: self-care, interpersonal relationships, family life, self-direction, and education; or has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
3. Are in the custody of the Department for Community-Based Services, or at risk of out-of-home placement; or are at risk of in-patient mental health treatment.

- Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas:

C. 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)).

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. An assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
 2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

- 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))

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

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

3. Each case manager shall be required to meet the following minimum requirements:
 - a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with individuals with behavioral health needs after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face.

F. 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.

G. 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:

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

H. 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:

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.

I. 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.

J. 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.

K. Limitations:

1. 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).
2. 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))

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Individuals with Severe Emotional Disability or Severe Mental Illness

3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

XXIII. Case Management Services

- A. Targeted case management services for ~~severely emotionally disturbed children and adults with chronic mental illness~~ individuals with Substance Use Disorders.

~~The Department will pay for a unit of targeted case management up to allowable reasonable cost per unit, not to exceed 130% of the median cost per unit of all providers. Reasonable costs shall be determined from the latest prior year audited cost reports. Total payments will not exceed provider's actual costs.~~

~~"Unit" is defined as a month. A unit consists of a minimum of four service contacts, for a child two of the contacts must be face-to-face, at least one with the child and the other with a parent or family member. The other contacts may be by telephone or face-to-face and may be with or on behalf of the child. For adults, four service contacts must also be made, two are required to be face-to-face.~~

~~The unit cost is based on audited prior fiscal year cost reports. Adult TCM and child TCM are separate cost centers. Cost per unit is determined by dividing the overall costs for the service by the number of units of service provided.~~

Intensive Case Management15 Minute Unit Monthly Rate:

Targeted case management for individuals with substance use disorders will be reimbursed at a monthly rate of \$334. This rate was established using a reasonable estimate for the salary and fringe benefits of a Bachelors-level practitioner, consistent with the minimum case manager qualifications for this service, to derive the 15 minute unit base rate of \$10.76. This base rate was increased by 12% to account for overhead costs, which creates the 15 minute unit rate of \$12.05. Assuming 25 cases per month, the ~~number~~ amount of working time per month is estimated to be 6.93 hours per each case. That working time, multiplied by four 15 minute units of the Bachelors-level base rate of \$12.05, equals \$334 per month. These rates are effective 4/1/2014.

- B. Targeted case management services for individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues.

Monthly Rate:

Targeted case management for individuals with co-occurring mental health or substance use disorders and chronic or complex physical health issues will be reimbursed at a monthly rate of \$541. This rate was established using a reasonable estimate for the salary and fringe benefits of a Bachelors-level practitioner to derive the 15 minute unit base rate of \$10.76. After accounting for the additional education of a Masters-level practitioner (33%) and overhead costs (12%), the 15 minute unit rate is \$15.60. Assuming 20 cases per month, the ~~number~~ amount of working time per month is estimated to be 8.66 hours per each case. That working time, multiplied by four 15 minute units of \$15.60, equals \$541 per month. This rate is effective 4/1/2014.

Intensive Case Management will be reimbursed at a rate of \$15.60 per 15 minutes. This rate was established using a reasonable estimate for the salary and fringe benefits of a Bachelors-level practitioner to derive the 15 minute unit base rate. The annual salary of the Bachelors level practitioner, divided by the standard 2080 working hours per year resulted in the hourly rate, which was then divided by four to establish the 15 minute base rate of \$10.76. After increasing the base rate to account for the additional education of a Masters level practitioner (33%), as required by the minimum case manager qualifications for this service, and overhead costs (12%), the 15 minute unit rate is \$15.60. This rate is effective 1/1/2014.

C. Targeted case management services for individuals with Severe Emotional Disability or Severe Mental Illness

Monthly Rate:

~~Targeted case management for individuals with severe emotional disability or severe mental illness will be reimbursed at a monthly rate of \$334. This rate was established using a reasonable estimate for the salary and fringe benefits of a Bachelors-level practitioner, consistent with the minimum case manager qualifications for this service, to derive the 15 minute unit base rate of \$10.76. This base rate was increased by 12% to account for overhead costs, which creates the 15 minute unit rate of \$12.05. Assuming 25 cases per month, the number amount of working time per month is estimated to be 6.93 hours per each case. That working time, multiplied by four 15 minute units of the Bachelors-level base rate of \$12.05, equals \$334 per month. These rates are effective 4/1/2014.~~Severely Mentally Ill, Severe Emotional Disability, Substance Use Disorders

15 Minute Unit Rate:

~~Targeted case management for individuals with severe mental illness, severe emotional disability, and substance use disorders will be reimbursed at a rate of \$12.05 per 15 minute unit. This rate was established using a reasonable estimate for the salary and fringe benefits of a Bachelors level practitioner to derive the 15 minute unit base rate. The annual salary of the Bachelors level practitioner, divided by the standard 2080 working hours per year resulted in the hourly rate, which was then divided by four to establish the 15 minute base rate of \$10.76. This base rate was increased by 12% to account for overhead costs to create the rate of \$12.05 per 15 minutes. These rates are effective 1/1/2014.~~

TN #: 03-0214-002

Supersedes

TN#: 02-1603-02

Approval Date: 06/17/03

Effective Date: 04/01/03-2014

XXIII. Case Management Services

A. Targeted case management services for individuals with Substance Use Disorders.Monthly Rate:

Targeted case management for individuals with substance use disorders will be reimbursed at a monthly rate of \$334. This rate was established using a reasonable estimate for the salary and fringe benefits of a Bachelors-level practitioner, consistent with the minimum case manager qualifications for this service, to derive the 15 minute unit base rate of \$10.76. This base rate was increased by 12% to account for overhead costs, which creates the 15 minute unit rate of \$12.05. Assuming 25 cases per month, the amount of working time per month is estimated to be 6.93 hours per each case. That working time, multiplied by four 15 minute units of the Bachelors-level base rate of \$12.05, equals \$334 per month. These rates are effective 4/1/2014.

B. Targeted case management services for individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues.Monthly Rate:

Targeted case management for individuals with co-occurring mental health or substance use disorders and chronic or complex physical health issues will be reimbursed at a monthly rate of \$541. This rate was established using a reasonable estimate for the salary and fringe benefits of a Bachelors-level practitioner to derive the 15 minute unit base rate of \$10.76. After accounting for the additional education of a Masters-level practitioner (33%) and overhead costs (12%), the 15 minute unit rate is \$15.60. Assuming 20 cases per month, the amount of working time per month is estimated to be 8.66 hours per each case. That working time, multiplied by four 15 minute units of \$15.60, equals \$541 per month. This rate is effective 4/1/2014.

C. Targeted case management services for individuals with Severe Emotional Disability or Severe Mental IllnessMonthly Rate:

Targeted case management for individuals with severe emotional disability or severe mental illness will be reimbursed at a monthly rate of \$334. This rate was established using a reasonable estimate for the salary and fringe benefits of a Bachelors-level practitioner, consistent with the minimum case manager qualifications for this service, to derive the 15 minute unit base rate of \$10.76. This base rate was increased by 12% to account for overhead costs, which creates the 15 minute unit rate of \$12.05. Assuming 25 cases per month, the amount of working time per month is estimated to be 6.93 hours per each case. That working time, multiplied by four 15 minute units of the Bachelors-level base rate of \$12.05, equals \$334 per month. These rates are effective 4/1/2014.