DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 18, 2014

Lawrence Kissner, Commissioner
Department for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 14-002A

Dear Mr. Kissner:

We have reviewed the proposed Kentucky state plan amendment (SPA) 14-002A, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 26, 2014. Kentucky SPA 14-002A provides Targeted Case Management (TCM) services for three new target populations requiring mental health services: adults and children with substance use disorders, adults and children with severe emotional disability or severe mental illness, and adults and children with co-occurring mental health or substance use disorders and chronic or complex physical health issues.

Based on the information provided, the Medicaid State Plan Amendment KY 14-002 was approved on June 19, 2014. The effective date of this amendment is July 1, 2014. We are enclosing the approved HCFA-179 plan pages.

If you have any additional questions or need further assistance, please contact Melanie Benning at (404) 562-7414 or Melanie.Benning@cms.hhs.gov.

Sincerely,

Jackie Glaze

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 14-002

2. STATE: Kentucky

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: June 1, 2014

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X 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:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Supp. 1 to Att. 3.1-A Page 23 – 39	New
Supp. 1 to Att. 3.1-A, Page 1 – 6, 15 and 18	Same
Supp. 1 to Att. 3.1-B, Page 23-39	New
Supp. 1 to Att. 3.1-B, Page 1 – 6, 15 and 18	Same
Att. 4.19.B, Page 22.22	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
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
X OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Lawrence Kissner

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 3/21/2014

16. RETURN TO:
Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03-26-14

18. DATE APPROVED: 06-19-14
Jackie Glaze

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-14

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Jackie Glaze

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

23. REMARKS: Approved with the following change as authorized by state agency emails dated 06/18/14.
Block # 1 changed to read; 14-002-A, **Block # 4 changed to read**: July 1, 2014
Block # 8 changed to read: Supplement 1 to Atch 3.1-A pages 4,5,6,23, 23a, 23b,23c,23d,23e, 24,24a,24b,24c,24d, 24e,24f, 25, 25a, 25b, 25c, 25d, 25e; Supplement 1 to Atch 3.1-B pages 4, 5, 6, 23, 23a, 23b, 23c, 23d, 23e, 24, 24a, 24b, 24c, 24d, 24e, 24f, 25, 25a, 25b, 25c, 25d, 25e; Atch 4.19-B pages 20.22 and 20.23.
Block #9 changed to read: Supplement 1 to Atch 3.1-A pages 4,5,6 **(Same)**,23, 23a, 23b,23c,23d,23e, 24,24a,24b,24c,24d, 24e,24f, 25, 25a, 25b, 25c, 25d, 25e**(New)**; Supplement 1 to Atch 3.1-B pages 4, 5, 6 **(Same)**, 23, 23a, 23b, 23c, 23d, 23e, 24, 24a, 24b, 24c, 24d, 24e, 24f, 25, 25a, 25b, 25c, 25d, 25e(New); Atch 4.19-B pages 20.22**(Same)** and 20.23**(New)**.

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State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children 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 adults and children 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, but are not inmates of a public institution (e.g., Youth who are awaiting adjudication in the community; individuals on probation or parole; and youth who are committed to the Department of Juvenile Justice and not placed in a public institution, are eligible for receipt of TCM services. Youth who are 'committed to the DJJ' are youth who are in the custody of DJJ but who are placed with their parents, other relatives or "foster" caregivers and not in a DJJ detention Center).

   ☒ 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

Adults and Children 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

Adults and Children 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. Behavioral health professional is defined as:

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

(1) Individuals that are licensed and have autonomous functioning:

- Advanced Practice Registered Nurse (APRN)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor
- Licensed Psychological Practitioner
- Licensed Psychologist
- Licensed Professional Art Therapist
- Physician
- Psychiatrist
- Certified Alcohol and Drug Counselor (CADC)

Or

(2) Master's level Individuals listed below under supervision:

- Certified Psychologist
- Licensed Psychological Associate
- Licensed Marriage and Family Therapy Associate.
- Certified Social Worker, Master Level
- Licensed Professional Counselor Associate
- Licensed Professional Art Therapist Associate
- Registered nurse licensed by the Kentucky Board of Nursing

Or

(3) Bachelor's level with the following requirements:

- Registered nurse licensed by the Kentucky Board of Nursing; OR
- 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 of documented full-time experience providing specialized case management within target population.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children 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

Adults and Children 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

Adults and Children 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 adults and children 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:
      (1) self-care,
      (2) interpersonal relationships,
      (3) family life,
      (4) self-direction, and education,
      (5) 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 (not including inmates of public institutions) (e.g., Youth who are awaiting adjudication in the community; individuals on probation or parole; and youth who are committed to the Department of Juvenile Justice and not placed in a public institution, are eligible for receipt of TCM services. Youth who are 'committed to the DJJ' are youth who are in the custody of DJJ but who are placed with their parents, other relatives or "foster" caregivers and not in a DJJ detention Center); 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)

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

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

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.

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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

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

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))

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;

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

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

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. 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. Behavioral health professional is defined as:

(1) Individuals that are licensed and have autonomous functioning:
- Advanced Practice Registered Nurse (APRN)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor
- Licensed Psychological Practitioner
- Licensed Psychologist
- Licensed Professional Art Therapist
- Physician
- Psychiatrist
- Certified Alcohol and Drug Counselor (CADC)

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

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

Or

(2) Master's level Individuals listed below under supervision:

- Certified Psychologist
- Licensed Psychological Associate
- Licensed Marriage and Family Therapy Associate.
- Certified Social Worker, Master Level
- Licensed Professional Counselor Associate
- Licensed Professional Art Therapist Associate
- Registered nurse licensed by the Kentucky Board of Nursing

Or

(3) Bachelor's level with the following requirements:

- Registered nurse licensed by the Kentucky Board of Nursing; OR
- 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 of documented full-time experience providing specialized case management within target population.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

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

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

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

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

Adults and Children 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 adults and children 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:
   a. self-care,
   b. interpersonal relationships,
   c. family life,
   d. self-direction,
   e. and education; or
3. 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
4. Are in the custody of the Department for Community-Based Services, or at risk of out-of-home placement; or are children or adults 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

Adults and Children 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

Adults and Children 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.
   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

Adults and Children 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. Behavioral health professional is defined as:

      (1) Individuals that are licensed and have autonomous functioning:
         - Advanced Practice Registered Nurse (APRN)
         - Licensed Clinical Social Worker (LCSW)
         - Licensed Marriage and Family Therapist (LMFT)
         - Licensed Professional Clinical Counselor
         - Licensed Psychological Practitioner
         - Licensed Psychologist
         - Licensed Professional Art Therapist
         - Physician
         - Psychiatrist
         - Certified Alcohol and Drug Counselor (CADC)

      Or

      (2) Master's level Individuals listed below under supervision:
         - Certified Psychologist
         - Licensed Psychological Associate
         - Licensed Marriage and Family Therapy Associate.
         - Certified Social Worker, Master Level
         - Licensed Professional Counselor Associate
         - Licensed Professional Art Therapist Associate
         - Registered nurse licensed by the Kentucky Board of Nursing

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

Or

(3) Bachelor's level with the following requirements:

- Registered nurse licensed by the Kentucky Board of Nursing; OR
- 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 of documented full-time experience providing specialized case management within target population.

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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

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))

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.

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State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children 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 adults and children 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, but are not inmates of a public institution (e.g., Youth who are awaiting adjudication in the community; individuals on probation or parole; and youth who are committed to the Department of Juvenile Justice and not placed in a public institution, are eligible for receipt of TCM services. Youth who are 'committed to the DJJ' are youth who are in the custody of DJJ but who are placed with their parents, other relatives or "foster" caregivers and not in a DJJ detention Center).

   ☒ 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

Adults and Children 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

Adults and Children 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. Behavioral health professional is defined as:

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

(1) Individuals that are licensed and have autonomous functioning:

- Advanced Practice Registered Nurse (APRN)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor
- Licensed Psychological Practitioner
- Licensed Psychologist
- Licensed Professional Art Therapist
- Physician
- Psychiatrist
- Certified Alcohol and Drug Counselor (CADC)

Or

(2) Master's level Individuals listed below under supervision:

- Certified Psychologist
- Licensed Psychological Associate
- Licensed Marriage and Family Therapy Associate.
- Certified Social Worker, Master Level
- Licensed Professional Counselor Associate
- Licensed Professional Art Therapist Associate
- Registered nurse licensed by the Kentucky Board of Nursing

Or

(3) Bachelor's level with the following requirements:

- Registered nurse licensed by the Kentucky Board of Nursing; OR
- 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 of documented full-time experience providing specialized case management within target population.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children 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

Adults and Children 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

Adults and Children 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 adults and children 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:
      (1) self-care,
      (2) interpersonal relationships,
      (3) family life,
      (4) self-direction, and education,
      (5) 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 (not including inmates of public institutions) (e.g., Youth who are awaiting adjudication in the community; individuals on probation or parole; and youth who are committed to the Department of Juvenile Justice and not placed in a public institution, are eligible for receipt of TCM services. Youth who are 'committed to the DJJ' are youth who are in the custody of DJJ but who are placed with their parents, other relatives or "foster" caregivers and not in a DJJ detention Center); 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)

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

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

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.

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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

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

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))

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;

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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. 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. Behavioral health professional is defined as:

(1) Individuals that are licensed and have autonomous functioning:
- Advanced Practice Registered Nurse (APRN)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor
- Licensed Psychological Practitioner
- Licensed Psychologist
- Licensed Professional Art Therapist
- Physician
- Psychiatrist
- Certified Alcohol and Drug Counselor (CADC)

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Or

(2) Master's level Individuals listed below under supervision:

- Certified Psychologist
- Licensed Psychological Associate
- Licensed Marriage and Family Therapy Associate.
- Certified Social Worker, Master Level
- Licensed Professional Counselor Associate
- Licensed Professional Art Therapist Associate
- Registered nurse licensed by the Kentucky Board of Nursing

Or

(3) Bachelor's level with the following requirements:

- Registered nurse licensed by the Kentucky Board of Nursing; OR
- 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 of documented full-time experience providing specialized case management within target population.

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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.

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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.

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Adults and Children 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 adults and children 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:
   a. self-care,
   b. interpersonal relationships,
   c. family life,
   d. self-direction,
   e. and education; or
3. 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
4. Are in the custody of the Department for Community-Based Services, or at risk of out-of-home placement; or are children or adults 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)).

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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.

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children 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.
   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.

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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. Behavioral health professional is defined as:

      (1) Individuals that are licensed and have autonomous functioning:
         - Advanced Practice Registered Nurse (APRN)
         - Licensed Clinical Social Worker (LCSW)
         - Licensed Marriage and Family Therapist (LMFT)
         - Licensed Professional Clinical Counselor
         - Licensed Psychological Practitioner
         - Licensed Psychologist
         - Licensed Professional Art Therapist
         - Physician
         - Psychiatrist
         - Certified Alcohol and Drug Counselor (CADC)

      Or

      (2) Master's level Individuals listed below under supervision:
         - Certified Psychologist
         - Licensed Psychological Associate
         - Licensed Marriage and Family Therapy Associate.
         - Certified Social Worker, Master Level
         - Licensed Professional Counselor Associate
         - Licensed Professional Art Therapist Associate
         - Registered nurse licensed by the Kentucky Board of Nursing

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Or

(3) Bachelor's level with the following requirements:

- Registered nurse licensed by the Kentucky Board of Nursing; OR
- 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 of documented full-time experience providing specialized case management within target population.

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.

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

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))

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 adults and children with Substance Use Disorders.

Monthly Rate:

Targeted case management for adults and children 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 7/1/2014.

A unit of service shall:
(a) Be one (1) month; and
(b) Consist of a minimum of four (4) service contacts including:
  1. At least two (2) face-to-face contacts with the recipient; and
  2. Two (2) additional contacts which may be by telephone or face-to-face with, or on behalf of, the recipient.

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

Monthly Rate:

Targeted case management for adults and children 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 7/1/2014.

A unit of service shall:
(a) Be one (1) month; and
(b) Consist of a minimum of five (5) service contacts including:
  1. At least three (3) face-to-face contacts with the recipient (may include parent/legal guardian for individuals under age 21); and
  2. Two (2) additional contacts which may be by telephone or face-to-face with, or on behalf of, the recipient.

XXIII. Case Management Services

C. Targeted case management services for adults and children with Severe Emotional Disability or Severe Mental Illness

Monthly Rate:

Targeted case management for adults and children 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 7/1/2014.

A unit of service shall:

(a) Be one (1) month; and

(b) Consist of a minimum of four (4) service contacts including:

1. At least two (2) face-to-face contacts with the recipient; and
2. Two (2) additional contacts which may be by telephone or face-to-face with, or on behalf of, the recipient.