

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

[Juvenile Parole]

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

Nevada Medicaid eligible children on parole, under the age of 21 years old, who are:

- a. At high risk for medical compromise due to one of the following conditions:
b. Failure to take advantage of necessary health care services, or
c. Noncompliance with their prescribed medical regime,
d. An inability to coordinate multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization,
e. An inability to understand medical directions because of comprehension barriers, or
f. A lack of community support system to assist in appropriate follow-up care at home, or
g. Substance abuse,
h. A victim of abuse, neglect or violence; and
i. In need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

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

- X Entire State
Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- 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:
• taking client history;
• identifying the individual's needs and completing related documentation; and

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

[Juvenile Parole]

- 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;

Assessment and/or periodic reassessment to be conducted at a minimum of once every six months to determine if an individual's needs, conditions, and/or preferences have changed.

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
4. Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
 - Periodic Reviews will be completed at least every six months. These activities may be conducted as specified in the care plan, or as frequently as necessary to ensure execution of the care plan.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

[Juvenile Parole]

- Monitoring does not include ongoing evaluation or check-in of an individual when all care plan goals have been met.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

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

TCM Provider Agency Qualifications:

The organization providing case management services for Juvenile Parole Services must meet the following provider qualification requirements:

1. A minimum of five years experience of working successfully with children and families in the target population, including a demonstrated capacity to provide all components of case management.
2. Establish a system to coordinate services for individuals who may be covered under another program which offers components of case management or coordination similar to TCM including, but not limited to, the coordination of services with Managed Care providers, Division of Child and Family Services, as well as State waiver programs; and
3. Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability to increase their capability to provide their services to the target group; and
4. Must be an agency employing staff with case management qualifications; and
5. Establish referral systems and demonstrated linkages and referral ability with essential social and health service agencies; and
6. A minimum of five years experience in responding successfully to the needs of children and families in the target population on a countywide 24 hours, seven days a week basis.
- ~~1-7.~~ A minimum of five years case management experience in coordinating and linking community medical, social, educational, or other resources needed by the target population on a countywide basis.
- ~~2-8.~~ A minimum of five years experience in documenting and maintaining individual case records that is in accordance with all applicable state and federal requirements.
9. A minimum of five years experience of demonstrated capacity in meeting the case management service needs of the target population.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

[Juvenile Parole]

3-10. Demonstrated capacity to provide training and supervision to individual case managers, including training pertaining to Medicaid-covered services.

Qualifications of individual case managers:

1. Bachelor's degree in criminal justice, psychology, social work or a closely related field; or equivalent college and two years of experience in the criminal justice system to include conducting casework services, making program eligibility determinations, investigating offenders, preparing detailed reports for the purposes of justifying criminal sanctions and/or prosecution, or coordinating with law enforcement agencies, the juvenile justice system, community-based placements, and related State agencies regarding the preparation of parole agreements, placement, program development, obtaining services and the legal process of assigned youth; and
2. Ability to work in and with legal systems, including the court system and law enforcement; and
3. Ability to learn state and federal rules, laws, and guidelines relating to the target population and to gain knowledge about community resources.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan. Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

[Juvenile Parole]

- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES
[Juvenile Parole]

Limitations on translation: Arranging for translation activities and/or providing translation as part of the TCM service, including the costs of purchasing translation services from a vendor to enable communication between the client and case manager, is included in the TCM rate. When a case manager provides translation that is unrelated to providing the TCM service, the translation is not claimable as TCM.

Case Management Services Do Not Include:

1. Targeted case management activities that are an integral component of another covered Medicaid service.
2. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
3. Activities integral to the administration of foster care programs.
4. Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for targeted case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

State Plan under Title XIX of the Social Security Act

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State Plan under Title XIX of the Social Security Act**TARGETED CASE MANAGEMENT SERVICES
[Juvenile Parole]**

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7. A minimum of five years case management experience in coordinating and linking community medical, social, educational, or other resources needed by the target population on a countywide basis.
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TN#: 16-014
Supersedes
TN#: NEW

Approval Date _____

Effective Date: July 1, 2016

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State Plan under Title XIX of the Social Security Act

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