

MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER

February 22, 2017

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL  
FROM: LYNNE FOSTER, CHIEF OF DIVISION COMPLIANCE  
SUBJECT: MEDICAID SERVICES MANUAL CHANGES  
CHAPTER 2500 – CASE MANAGEMENT

**BACKGROUND AND EXPLANATION**

Revisions to Medicaid Services Manual (MSM) Chapter 2500 – Case Management are being proposed to change the service limitations for the Non-Severely Emotionally Disturbed (SED) and Non-Seriously Mentally Ill (SMI) target populations. This will include creating a tiered level of services that will titrate down based on the level of need.

Additional revisions to MSM Chapter 2500, are to include a new target group for the Juvenile Parole Population. Language includes the description of the target group service limitations, provider qualifications, eligibility determination, service criteria and transitional targeted case management.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: Stakeholders that are serving the identified Target Groups will be fiscally impacted. Provider Types (PT) that will be impacted by these changes are PT 54 (Targeted Case Management) and PT 14 (Behavioral Health Outpatient Treatment).

Financial Impact on Local Government: County agencies providing services to the target groups will be financially impacted. The time limits on services could result in a reduction of services and claims; the dollar amount of this impact cannot be determined at this time.

These changes are effective February 23, 2017

**MATERIAL TRANSMITTED**

CL 30737  
CASE MANAGEMENT

**MATERIAL SUPERSEDED**

MTL 22/15  
CASE MANAGEMENT

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
2500	<b>Introduction</b>	Added new target group to introduction, Juvenile Parole Population.
2502.4	<b>Target Group – Juvenile Parole Population</b>	Added a new target group for Juvenile Parole Population and defined the population.
2503.1A	<b>Coverage and Limitations</b>	Changed language for the service limitations and created a Service Limitation Grid by Target Group. The Non-SED and Non-SMI target groups service limitation has been changed to 10 hours for the first calendar month, and five hours the next three consecutive calendar months. Additional services can be requested by use of prior authorization.
2503.1A.9	<b>Coverage and Limitations</b>	Added a new target group for Juvenile Parole Population. This includes the provider qualifications, eligibility determination, service criteria and transitional targeted case management.
2503.1C	<b>Authorization Process</b>	Revised language to refer back to the Service Limitation Grid by Target Group in Section 2503.1A and removed language that states “30 hours” as the service limitation.

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MEDICAID SERVICES MANUAL	Subject: INTRODUCTION

## CASE MANAGEMENT

### 2500 INTRODUCTION

Case Management is an optional Medicaid service pursuant to federal regulations. It may be provided without the use of a waiver and the state may limit the provision of services to a specific target group or defined location in the state. States are allowed to limit the providers of case management services available for individuals with developmental disabilities or chronic mental illness to ensure that these recipients receive needed services. The receipt of case management services does not alter an individual's eligibility to receive other services under the State Plan and recipients must have free choice of any qualified Medicaid provider. A recipient cannot be compelled to receive case management services, services cannot be a condition of receipt of other Medicaid services and other covered services cannot be a condition to receive case management services. Case management services provided in accordance with Section 1915(g) of the Social Security Act (SSA) will not duplicate payments made to public agencies or private entities under State Plan and other program authorities. Case managers cannot authorize, approve or deny the provision of services.

The intent of case management services is to assist recipients eligible under the State Plan in gaining access to needed medical, social, educational, and other support services including housing and transportation needs. Case management services do not include the direct delivery of medical, clinical or other direct services. Components of the service include assessment, care planning, referral/linkage and monitoring/follow-up. Case management services are provided to eligible recipients who are residing in a community setting or transitioning to a community setting following an institutional stay.

There are ~~eight~~<sup>nine</sup> target groups eligible to receive this service. These groups are: (1) children and adolescents who are Non-Severely Emotionally Disturbed (Non-SED) with a mental illness; (2) children and adolescents who are Severely Emotionally Disturbed (SED); (3) adults who are Non-Seriously Mentally Ill (Non-SMI) with a mental illness; (4) adults who are Seriously Mentally Ill (SMI); (5) persons with intellectual disabilities or related conditions; (6) developmentally delayed infants and toddlers under age three; (7) **Juvenile Parole Population** (8) Juvenile Probation Services (JPS), and (89) Child Protective Services (CPS).

All providers who participate in the Medicaid program must provide services in accordance with the rules and regulations of the Division of Health Care Financing and Policy (DHCFP), all policies and procedures described here in Medicaid Services Manual (MSM) Chapter 2500, as well as state and federal regulations and statutes.

All Medicaid policies and requirements (such as prior authorization, etc.) are the same for Nevada Check Up (NCU), with the exception of the areas where Medicaid and Nevada Check Up policies differ as documented in the Nevada Check Up Manual, Chapter 1000.

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2501 AUTHORITY

A. In 1965, the 89<sup>th</sup> Congress added Title XIX of the Social Security Act (SSA) authorizing varying percentages of Federal Financial Participation (FFP) to states that elect to offer medical programs. The state must offer the 11 basic required medical services. FFP is also available, should states elect to cover some optional services. One of these optional services is Case Management.

B. Authorities include:

- Section 190-5(a)(19) of the SSA
- Section 191-5(b) of the SSA
- Section 191-5(c) of the SSA
- Section 191-5(g)(2) of the SSA
- 42 Code of Federal Regulations (CFR) Parts 431, 440, and 441
- 42 CFR 483.430
- Section 60-52 of the Deficit Reduction Act of 2005
- The Supplemental Appropriations Act 2008

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d. Social or emotional development; or

e. Adaptive development.

3. Children also are eligible who have a diagnosed physical or mental condition which has a high probability of resulting in developmental delays.

4. Informed clinical opinion must be used in determining eligibility for services as a result of a development delay.

#### 2502.4 TARGET GROUP – JUVENILE PAROLE POPULATION

##### A. Juvenile Parole Population Services are:

1. Covered services provided to juveniles on parole (referred or under the supervision of juvenile caseworkers) within all counties of Nevada.

2. Covered services provided to family member(s) who are Medicaid eligible whose children are on parole.

3. At high risk for medical compromise due to one of the following conditions:

a. Failure to take advantage of necessary health care services; or

b. Non-compliance with their prescribed medical regime; or

c. An inability to coordinate multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization; or

d. An inability to understand medical directions because of comprehension barriers; or

e. A lack of community support system to assist in appropriate follow-up care at home; or

f. Substance abuse; or

g. A victim of abuse, neglect or violence; and

4. In need of assistance in accessing necessary medical, social, educational or other services, when comprehensive case management is not being provided elsewhere.

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**2502.45** TARGET GROUP — JUVENILE PROBATION SERVICES (JPS)

A. Juvenile Probation Services are:

1. Covered services provided to juveniles on probation (referred or under the supervision of juvenile caseworkers) within all counties of Nevada.
2. Covered services provided to family member(s) who are Medicaid eligible whose children are on probation.

**2502.56** TARGET GROUP — PERSONS WITH INTELLECTUAL DISABILITIES OR RELATED CONDITIONS

Persons with intellectual disabilities or related conditions are persons who:

- A. Are significantly sub-average in general intellectual functioning (intelligence quotient (IQ) of 70 or below) with concurrent related limitations in two or more adaptive skill areas, such as communication, self-care, social skills, community use, self-direction, health and safety, functional academics, leisure and work activities.

Persons with related conditions are individuals who have a severe chronic disability. It is manifested before the person reaches age 22 and is likely to continue indefinitely. The disability can be attributable to cerebral palsy, epilepsy or any other condition, other than mental illness, found to be closely related to intellectual disabilities because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of an intellectually disabled person and requires treatment or services similar to those required by these persons.

The related condition results in substantial functional limitations in three or more of the following areas of major life activity:

1. Self-care.
2. Understanding and use of language.
3. Learning.
4. Mobility.
5. Self-direction.
6. Capacity for independent living.

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**2502.67 TARGET GROUP — NON-SERIOUSLY MENTALLY ILL (NON-SMI) ADULTS**

Adults, who are Non-SMI, excluding dementia and intellectual disabilities, are recipients 18 years of age and older with significant life stressors and have:

- a. A current International Classification of Diseases (ICD) diagnosis from the current Mental, Behavioral, Neurodevelopmental Disorders section including Z-codes 55-65, R45.850 and R45.851, which does not meet SMI criteria.
- b. A Level of Care Utilization System (LOCUS) score of Level I or II.

**2502.78 TARGET GROUP — SERIOUS MENTAL ILLNESS (SMI) ADULTS**

Adults with an SMI are persons:

- a. 18 years of age and older;
- b. Who currently, or at any time during the past year (continuous 12-month period);
  1. Have had a diagnosable mental, behavioral or emotional disorder that meets the coding and definition criteria specified within the current ICD (excluding substance abuse or addictive disorders, irreversible dementias, as well as intellectual disabilities, unless they co-occur with another SMI that meets current ICD criteria);
  2. That resulted in functional impairment which substantially interferes with or limits one or more major life activities;
- c. Have a functional impairment addressing the ability to function successfully in several areas such as psychological, social, occupational or educational. It is seen on a hypothetical continuum of mental health illness and is viewed from the individual's perspective within the environmental context. Functional impairment is defined as difficulties that substantially interfere with or limit an adult from achieving or maintaining housing, employment, education, relationships or safety.

**2502.89 TARGET GROUP — NON-SEVERELY EMOTIONALLY DISTURBED (NON-SED) CHILDREN AND ADOLESCENTS**

Children and adolescents, who are Non-SED, excluding dementia and intellectual disabilities, are recipients with significant life stressors and have:

- a. A current ICD diagnosis from the Mental, Behavioral, Neurodevelopmental Disorders section which does not meet SED criteria.

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- b. Z-codes 55-65, R45.850 and R45.851, as listed in the current ICD Manual which does not meet SED criteria.
- c. Child and Adolescent Services Intensity Instrument (CASII) Level of 0, 1, 2, or above.

**2502.910 TARGET GROUP — SEVERE EMOTIONAL DISTURBANCE (SED)**

Children with a SED are persons up to age 18 who currently or at any time during the past year (continuous 12-month period) have a:

- a. Diagnosable mental, behavioral or diagnostic criteria that meet the coding and definition criteria specified in the current ICD. This excludes substance abuse or addictive disorders, irreversible dementias, as well as intellectual disabilities and other related conditions and Z codes, unless they co-occur with another SMI that meets current ICD criteria that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities; and
- b. These disorders include any disorder from the Mental, Behavioral, Neurodevelopmental Disorders section (including those of biological etiology) listed in current ICD Clinical Modification (CM) equivalent (and subsequent revisions), with the exception of "Z" codes, substance use and developmental disorders, which are excluded unless they co-occur with another diagnosable SED. All of these disorders have episodic, recurrent or persistent features; however, they vary in terms of severity and disabling effects; and
- c. Have a functional impairment defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Functional impairments of episodic, recurrent and continuous duration are included unless they are temporary and expected responses to stressful events in the environment. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

**2502.1011 CASE MANAGEMENT SERVICES**

Case management services are services which assist an individual in gaining access to needed medical, social, educational and other supportive services and must include the following components:

- a. Assessment of the eligible individual to determine service needs.
- b. Development of a person-centered care plan.
- c. Referral and related activities to help the individual obtain needed services.



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2. Services in the care plan are adequate.
3. There are changes in the needs or status of the eligible recipient.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Monitoring may involve either face-to-face or telephone contact, at least annually.

#### 2502.101A CASE RECORD DOCUMENTATION

A case record documentation shall be maintained for each recipient and shall contain the following items:

1. The name of the individual receiving services, the dates of case management services, the name of the provider agency and person chosen by the recipient to provide services.
2. The nature, content and units of case management services received. Units, for documentation purposes, are further defined as actual case management activities performed.
  - a. If paid per unit, document date, time, number of units and activities completed.
  - b. If paid per monthly cap rate, document date, time and activities completed.
3. Whether the goals specified in the care plan have been achieved.
4. If an individual declines services listed in the care plan, this must be documented in the individual's case record.
5. Timelines for providing services and reassessment.
6. The need for and occurrences of coordination with case managers of other programs.

The case manager shall make available to Nevada Medicaid or Medicaid's Quality Improvement Organization (QIO-like vendor), upon request, copies of the medical record, progress notes, care plan, case record or summary documents which reflect the ongoing need for case management services and support any additional services requested.

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2503 POLICY

2503.1 CASE MANAGEMENT SERVICES POLICY

2503.1A COVERAGE AND LIMITATIONS

~~A~~The maximum ~~of 30~~ hours per target group, per calendar month, per recipient, ~~is~~ allowed for case management services **are identified below**. (Maximum hours do not apply to providers who are paid a capitated, per member/per month rate). **All service limits may be exceeded with a prior authorization.**

Service Limitation Grid by Target Group:

<b>Target Group</b>	<b>Service Limitations</b>
<b>Child Protective Services (CPS)</b>	30 hours, per calendar month, per recipient.
<b>Developmentally Delayed Infants and Toddlers Under Age Three</b>	30 hours, per calendar month, per recipient.
<b>Juvenile Parole Services</b>	30 hours, per calendar month, per recipient.
<b>Juvenile Probation Services (JPS)</b>	30 hours, per calendar month, per recipient.
<b>Persons with Intellectual Disabilities or Related Conditions</b>	30 hours, per calendar month, per recipient.
<b>Non-Seriously Mentally Ill (Non-SMI) Adults</b>	10 hours for initial calendar month, 5 hours for the next three consecutive calendar months. Services are allowed on a rolling calendar year.
<b>Serious Mental Illness (SMI) Adults</b>	30 hours, per calendar month, per recipient.
<b>Non-Severely Emotionally Disturbed (Non-SED) Children and Adolescents</b>	10 hours for initial calendar month, 5 hours for the next three consecutive calendar months. Services are allowed on a rolling calendar year.
<b>Severe Emotional Disturbance (SED)</b>	30 hours, per calendar month, per recipient.

1. Case management services are reimbursable when:
  - a. Provided to Medicaid eligible recipients, on a one-to-one (telephone or face-to-face) basis.
  - b. Medically necessary.
  - c. Provided by a qualified provider enrolled to serve the target group in which the recipient belongs.
  - d. Provided by the recipient's chosen provider.

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1. A current ICD diagnosis from the Mental, Behavioral, Neurodevelopmental Disorders section including Z-codes 55-65, R45.850 and R45.851, which does not meet SMI criteria (including dementia, intellectual disabilities or primary diagnosis of a substance abuse disorder, unless these co-occur with another mental illness that meets current ICD criteria).
2. Recipients require assistance in obtaining and coordinating medical, social, educational and other support services.
- d. Continuing Stay Criteria:
  1. Continues to meet admission criteria.
  2. Individualized care plan identifies all medical, social, educational and other support services currently being provided, as well as unmet needs of the recipient.
  3. Documentation supports progress towards specific case management goals identified in the established care plan with barriers identified and addressed.
- e. Discharge/Exclusionary Criteria:
  1. No longer meets NON-SMI determination.
  2. No longer meets the admission and continuing stay criteria.
  3. Recipient or family chooses not to participate in the program or is non-compliant.
  4. Recipient requires inpatient psychiatric hospitalization, Institution for Mental Diseases (IMD) or Nursing Facility (NF) placement.
  5. Has sufficient support system to sustain stability not requiring unnecessary or frequent acute admission.
4. Targeted Group – Adult with a Serious Mental Illness (SMI)
  - a. Reference definition under Section 2502.68.
  - b. Service Eligibility Determination

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The minimum qualifications of a case manager providing services for a NON-SED child are a case manager with a Bachelor's degree in a health related field, Doctorate degree and license in psychology, RN, Master's level professional (LCSW or LMFT), APRN in mental health, or a mental health professional who works under the direct supervision of a person listed above, and LCSW or LMFT interns that are supervised within the scope of their license.

6. Target Group – Children and Adolescents with a Severe Emotional Disturbance (SED)

a. Reference definition under Section 2502.810.

b. Service Eligibility Determination

The determination for children and adolescents with a SED is made by a licensed mental health professional (psychiatrist, psychologist, LCSW, LMFT or Master's degree psychiatric nurse).

c. Provider Qualifications

Minimum qualifications of a case manager providing services for SED children and adolescents (which can only be provided by a state agency or organization affiliated with the University of Nevada School of Medicine) are a case manager with a Bachelor's degree in a health-related field, RN, Master's level professional (LCSW or LMFT), APRN in mental health, psychologist or mental health professional who works under the direct supervision of a person listed above.

d. Service Criteria

1. Admission:

Must meet all of the following:

a. DSM-IV, AXIS I or II, diagnosis (excluding V-codes, dementia, intellectual disability or a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria).

b. Recipient requires assistance in obtaining and coordinating medical, social, educational and other support services.

2. Continuing Stay Criteria:

Must meet all of the following:

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- a. Transitional Targeted Case Management services are provided 14 days prior to discharge for an institutional stay.
  - b. Transitional Targeted Case Management activities are coordinated with and are not a duplication of institutional discharge planning services.
7. Target Group – Persons with Intellectual Disabilities or Related Conditions
- a. Reference definition under Section 2502.46.
  - b. Service Eligibility Determination
 

The determination is made by a Qualified ~~Mental—Retardation~~ **Intellectual Disability** Professional (~~QMRP~~ **QIDP**) as defined in 42 CFR 483.430.
  - c. Provider Qualifications
    - 1. Employee or contractor of the Division of ~~Mental Health and Development Services (MHDS)~~ **Aging and Disability Services (ADSD)** or the Division of Child and Family Services (DCFS); and
      - a. Bachelor’s level social worker licensed to practice in Nevada.
      - b. RN licensed in Nevada to practice professional nursing.
      - c. Disabilities specialist with at least a Bachelor’s degree in human sciences.
      - d. Psychologist licensed to practice in Nevada.
      - e. Child development specialist and psychology, nursing or social work caseworker who works under the direct supervision of a person in classes (a) through (d) above.
  - d. Service Criteria
    - 1. Admission Criteria:
 

Meets admission criteria as addressed in Section 2502.4.A.

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2. Continuing Stay Criteria:

Continues to meet admission criteria.

3. Discharge Criteria:

a. Does not meet admission criteria.

b. Recipient or family chooses not to participate in program or is non-compliant.

c. Admission into a hospital, NF or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

d. Has sufficient support system to sustain stability not requiring unnecessary or frequent acute admissions.

4. Exclusionary Criteria:

a. Does not meet admission criteria.

b. Recipient is hospitalized or resides in an ICF/IID.

c. Admission into a hospital, NF or CFR/IID.

e. Transitional Targeted Case Management

1. Transitional Targeted Case Management services are provided to eligible recipients transitioning to a community setting after a period of time in a psychiatric facility or hospital for recipients under the age of 21.

a. Transitional Targeted Case Management services are provided 180 days prior to discharge for an institutional stay.

b. Transitional Targeted Case Management activities are coordinated with and are not a duplication of institutional discharge planning services.

8. Target Group – Developmentally Delayed Infants and Toddlers Under Age Three

a. Reference definition under Section 2502.23.

b. Service Eligibility Determination

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early childhood special education, psychology, counseling, social work or a closely related field, and one year of full-time professional experience in an early integrated preschool program, mental health facility or a clinical setting providing developmental or special education or treatment-oriented services to preschool or school age children with physical or mental disabilities, or emotional or behavioral disorders.

d. Service Criteria

1. Admission Criteria:

- a. Medicaid eligible.
- b. Meets criteria addressed in Section 2502.13.A.

2. Continuing Stay Criteria:

Continues to meet admission criteria.

3. Discharge Criteria:

- a. Does not meet admission criteria.
- b. Child has demonstrated age appropriate skills for six consecutive months.
- c. Child turns age three.
- d. Meets criteria for admission to an inpatient facility.
- e. Family chooses not to participate in the program or is non-compliant.
- f. Has sufficient support system to sustain stability, not requiring unnecessary or frequent acute admissions.

4. Exclusionary Criteria:

- a. Does not meet admission criteria.
- b. Child is age three or older.
- c. Meets criteria for admission to an inpatient facility.

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- d. Family chooses not to participate in the program or is non-compliant.
- e. Transitional Targeted Case Management
  - 1. Transitional Targeted Case Management services are provided to eligible recipients transitioning to a community setting after a period of time in a psychiatric facility or hospital for recipients under the age of 21.
    - a. Transitional Targeted Case Management services are provided 180 days prior to discharge for an institutional stay.
    - b. Transitional Targeted Case Management activities are coordinated with and are not a duplication of institutional discharge planning services.
- 9. **Target Group – Juvenile Parole Population Services**
  - a. **Reference definition under Section 2502.4**
  - b. **Provider 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



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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; and
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; and
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; and
9. A minimum of five years experience of demonstrated capacity in meeting the case management service needs of the target population; and
10. Demonstrated capacity to provide training and supervision to individual case managers, including training pertaining to Medicaid-covered services.
11. Qualifications of individual case manager:
  - a. 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
  - b. Ability to work in and with legal systems, including the court system and law enforcement; and
  - c. Ability to learn state and federal rules, laws and guidelines relating to the target population and to gain knowledge about community resources.

c. Eligibility Determination:

Medicaid eligible recipient's status is determined by the Department of Juvenile Parole.

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d. Service Criteria:

Medicaid eligible recipient is under the care of the Department of Juvenile Parole. Scope of coverage services must be in accordance with federal regulations.

e. Transitional Targeted Case Management

1. Transitional Targeted Case Management services are provided to eligible recipients transitioning to a community setting after a period of time in a psychiatric facility or hospital for recipients under the age of 21.
  - a. Transitional Targeted Case Management services are provided 180 days prior to discharge for an institutional stay.
  - b. Transitional Targeted Case Management activities are coordinated with and are not a duplication of institutional discharge planning services.

9.10. Target Group – Juvenile Probation Services (JPS)

- a. Reference definition under Section 2502.34.
- b. Provider Qualifications

The organization providing case management services for JPS must meet the following 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. 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.
3. 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.
4. A minimum of five years working with the target population.
5. A minimum of five years experience in documenting and maintaining individual case records that is in accordance with all applicable state and federal requirements.

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6. A minimum of five years experience of demonstrated capacity in meeting the case management service needs of the target population.
7. Demonstrated capacity to provide training and supervision to individual case managers, including training pertaining to Medicaid-covered services.
8. Qualifications of individual case managers:
  - a. Bachelor's degree in a related field; or equivalent college and field experience; and
  - b. Ability to work in and with legal systems, including the court system; and
  - c. Ability to learn state and federal rules, laws and guidelines relating to the target population and to gain knowledge about community resources.

c. Eligibility Determination

Medicaid eligible recipient's status is determined by the County Department of JPS.

d. Service Criteria

Medicaid eligible recipient is under the care of the County Department of JPS. Scope of coverage services must be in accordance with federal regulations.

e. Transitional Targeted Case Management

1. Transitional Targeted Case Management services are provided to eligible recipients transitioning to a community setting after a period of time in a psychiatric facility or hospital for recipients under the age of 21.
  - a. Transitional Targeted Case Management services are provided 180 days prior to discharge for an institutional stay.
  - b. Transitional Targeted Case Management activities are coordinated with and are not a duplication of institutional discharge planning services.

**10.11.** Target Group – Child Protective Services (CPS)

- a. Reference definition under Section 2502.12.

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Medicaid eligible recipient's status is determined by the County's Department of Social Services CPS.

d. Service Criteria

Medicaid eligible recipient is under the care of the County's Department of Social Services CPS. Scope of services must be in accordance with federal regulations.

e. Transitional Targeted Case Management

1. Transitional Targeted Case Management services are provided to eligible recipients transitioning to a community setting after a period of time in a psychiatric facility or hospital for recipients under the age of 21.

a. Transitional Targeted Case Management services are provided 180 days prior to discharge for an institutional stay.

b. Transitional Targeted Case Management activities are coordinated with and are not a duplication of institutional discharge planning services.

2503.1B RECIPIENT RESPONSIBILITIES

1. Medicaid recipients, their families, or legal guardians are required to provide a valid Medicaid eligibility card to their case management service providers.

2. Medicaid recipients, their families, or legal guardians are expected to comply with the recipient's treatment and care plans.

2503.1C AUTHORIZATION PROCESS

Medicaid recipients are entitled to receive a maximum ~~of 30~~ amount of hours of case management services **identified in the Service Limitation Grid, Section 2503.1A** per target group, per calendar month, per recipient. (Maximum hours do not apply to providers who are paid a capitated, per member/per month rate).

If the recipient requires more than ~~30~~ the allotted hours per month, the case manager must thoroughly document in the recipient's case record the justification for the additional hours and submit a prior authorization request to the QIO-like vendor.