

State: Nevada

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
TARGETED CASE MANAGEMENT SERVICES

1. General assurances for targeted case management services:
 - A. Individuals have the free choice of any qualified Medicaid provider in accordance with 42 CFR § 431.51.
 - B. Targeted Case Management services can not restrict an individual's access to other services under the plan.
 - C. An individual cannot be compelled to receive targeted case management services, targeted case management services cannot be a condition of receipt of other Medicaid services, and other Medicaid covered services cannot be a condition to receive targeted case management services.
 - D. Targeted case management services provided in accordance with Section §1915(g) of the Act will not duplicate payments made to public agencies or private entities under State plan and other program authorities. Interventions to be reimbursed for under the Targeted Case Management service must be considered a covered Medicaid service. Medicaid reviews appropriateness of service through medical documentation and claim level audits at least annually. Medicaid performs provider training meetings to review covered and non-covered services and the circumstances in which TCM may be reimbursed.
 - E. Comprehensive targeted case management services are provided on a one-to-one (telephonic or face-to-face) basis. Requirements for a single-case manager are effective March 4, 2010.
 - F. Targeted case management service can not authorize, approve or deny the provision of other services under the plan.
 - G. Providers are to maintain case records in accordance with Medicaid policy:
 - a. 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.
 - b. The nature, content, and units of case management services received.
 - c. Whether the goals specified in the care plan have been achieved.
 - d. If an individual declines services listed in the care plan, this must be documented in the individual's case record.
 - e. Timelines for providing services and reassessment.
 - f. The need for and occurrences of coordination with case managers of other programs.
2. Limitations:

Targeted case management does not include the following:

- A. Targeted case management activities that are an integral component of another covered Medicaid service.
- B. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- C. Activities integral to the administration of foster care programs.
- D. 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.

Service: Targeted Case Management in accordance with 1915(g) of the Act.

- 1. Target Group: Non-SED/Non SMI
 - A. Children, Adolescents and Adults who are Non-SED/SMI are persons who are not seriously mentally ill or severely emotionally disturbed, have a significant life stressor, and:
 - i. A current International Classification of Diseases (ICD) diagnosis, diagnosis from the current Mental, Behavioral, Neurodevelopmental Disorders section including Z Codes 55-65, R45.850 and R45.851, which does not meet Seriously Mentally Ill or Severely Emotionally Disturbed criteria.
 - ii. A Locus score of Level I or II, or
 - iii. A CASII Level of 0, 1, 2, or above.

- 2. Geographic area to be serviced:

- ☒ Statewide
- ☐ Limited geographic area

- 3. Service:

Services are not comparable in amount, duration and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. The assistance provided through this service are:

- A. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services.
- B. Development (and periodic revision) of a specific care plan based on the information collected through the assessment; specifies goals and actions to address services needed; activities insuring active participation of the individual and others in developing goals; and identifies a course of action to respond to the needs of the individual.
- C. Referral and related activities to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and 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.

- D. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. Activities may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, including at least one annual monitoring, to help determine whether the following conditions are met:
- i. Services are being furnished in accordance with the individual's care plan.
 - ii. Services in the care plan are adequate.
 - iii. There are changes in the needs or status of the eligible individual.
- E. Targeted case management services may include contacts with non-eligible individuals that are directly related to the identification of 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 feedback, and alerting case managers to changes in the eligible individual's needs.

4. Frequency of Assessments and Monitoring:

- A. Initial Assessment requires a face-to-face assessment.
- B. Reassessment requires an annual face-to-face visit. A reassessment may occur more frequently if there is a change in the eligible individual's condition.
- C. The assessment and reassessment are limited to no more than four per 365 days. This does not preclude qualified providers from adjusting the care plan and service arrangements more frequently through monitoring activities.

5. Provider Qualifications

- A. Minimum qualifications of a case manager providing services for Non-SED/SMI are:

1. A Bachelor's degree in a health-related field, Registered Nurse (RN), master's level professional (LCSW or LMFT), APN in mental health, psychologist, LCSW or LMFT interns that are supervised within the scope of their license, or a mental health professional who works under the direct supervision of a person listed above. A mental health professional is an individual who is employed and determined by a state mental health agency to meet established class specifications and who has the established education and experience.

A mental health professional may work under the direct supervision of a licensed intern within their scope of practice.

6. Transitional Targeted Case Management

- ☒ Not provided to this target group
- ☐ Provided to this target group

Service: Targeted Case Management in accordance with 1915(g) of the Act.

1. Target Group: Children with a Severe Emotional Disturbance (SED)

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

- i. Diagnosable mental or behavioral disorder or diagnostic criteria that meets the coding and definition criteria specified in the current ICD (excluding substance abuse or addictive disorders, irreversible dementias, mental retardation, developmental disorders, and Z codes, unless they co-occur with a serious mental disorder that meets current ICD criteria); and have a:
- ii. Functional impairment which substantially interferes with or limits the child from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skill. Functional impairments of episodic, recurrent, and persistent features are included, however may vary in terms of severity and disabling effects unless they are temporary and an expected response 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.

2. Geographic area to be serviced:

- ☒ Statewide
- ☐ Limited geographic area

3. Service:

Services are not comparable in amount, duration, and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational and other services. The assistance provided through this service are:

- A. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services.
- B. Development (and periodic revision) of a specific care plan based on the information collected through the assessment;

- C. Referral and related activities to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and 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.
 - D. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. Activities may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, including at least one annual monitoring, to help determine whether the following conditions are met:
 - i. Services are being furnished in accordance with the individual's care plan.
 - ii. Services in the care plan are adequate.
 - iii. There are changes in the needs or status of the eligible individual.
 - E. Targeted case management services may include contacts with non-eligible individuals that are directly related to the identification of 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 feedback, and alerting case managers to changes in the eligible individual's needs.
4. Frequency of Assessments and monitoring:
- A. Initial Assessment requires a face-to-face assessment.
 - B. Reassessment requires an annual face-to-face visit. A reassessment may occur more frequently if there is a change in the eligible individual's condition.
 - C. The assessment and reassessment are limited to no more than four per 365 days. This does not preclude qualified providers from adjusting the care plan and service arrangements more frequently through monitoring activities.
5. Provider Qualifications: In accordance with §1915(g), these providers are limited based upon the target group of Chronic Mental Illness(CMI).
- A. Minimum qualification of a case manager providing services for SED children and adolescents are:
 - i. Bachelor's degree in a health-related field, registered nurse (RN), Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Advanced Practitioner of Nursing (APN) – mental health, Psychologist or mental health professional who works under the direct supervision of a person listed above; and
 - ii. Provided by a State agency or the University Health System.
- Limitations of targeted case management for CMI to the above listed professionals ensure needed services are received as they possess the knowledge and skills to fulfill the required elements of targeted case management, assessment and information gathering. These individuals also meet the education, work experience, training, and licensure and certification required to provide these comprehensive services to this target group. The individual is familiar with the general needs of the population and the programs that serve them.

6. Transitional Targeted Case Management

A 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.

☐ Not provided to this target group

☒ Provided to this target group

- 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.
- C. The amount, scope and duration of targeted case management activities are to be documented in an individual's plan of care which includes targeted case management activities prior to and post-discharge.
- D. Transitional targeted case management is only provided by and reimbursed to community targeted case management providers.
- E. Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.
- F. The State will monitor the compliance of transitional targeted case management through utilization management and utilization review criteria.

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

**TARGETED CASE MANAGEMENT SERVICES
[Adults with a Serious Mental Illness (SMI)]**

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

Nevada Medicaid eligible adults with SMI, 18 years of age and older, who:

1. Currently, or at any time during the past year (continuous 12-month period):
 - a. Have 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 serious mental illness that meets current ICD criteria;
 - b. That resulted in functional impairment which substantially interferes with or limits one or more major life activities; and
2. 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.

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

- ☒ 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.
☒ 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
- 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 annually 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.

Monitoring and follow-up; activities include activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and may be with the individual, family members, service provider or other entities or individuals. The monitoring should be conducted as frequently as necessary, and include at least one annual monitoring, to help determine whether the following conditions are met:

- a. Services are being furnished in accordance with the individual's care plan.
- b. Services in the care plan are adequate.
- c. 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.

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)):

In accordance with §1915(g), these providers are limited based upon the target group of Chronic Mental Illness (CMI).

- a. Employee or contractor of a state agency, local county agency, or Nevada University Health System and one of the following:
 1. Bachelor's degree in a health-related field,
 2. Registered nurse (RN),
 3. Licensed Clinical Social Worker,
 4. Licensed Marriage and Family Therapist,
 5. Advanced Practitioner of Nursing (APN) – mental health,
 6. Psychologist,
 7. Mental health professional who works under the direct supervision of a person listed above.
 8. Limitations of targeted case management for CMI to the above listed professionals ensures needed services are received as they possess the knowledge and skills to fulfill the required elements of targeted case management, assessment and information gathering. These individuals also meet the education, work experience, training, and licensure and certification required to provide these comprehensive services to this target group. The individual is familiar with the general needs of the population and the programs that serve them.

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

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

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

The target group consists of eligible individuals with Serious Mental Illness. Providers of case management services

through this state plan amendment can only be provided by qualified providers enrolled in Medicaid under a state or local county agency and its employees or contractors or an organization affiliated with the Nevada University Health System. The client's freedom of choice of providers is not, however, restricted to any particular agency and they may seek case management services from any state or local county agency that serves their target group within the state. Limitation of case management to State and local county agencies ensures that providers are screened through an established Medicaid process and have the credentials and qualifications to serve recipients with Serious Mental Illness.

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

The State assures the following:

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

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

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

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

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

Limitations:

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

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §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))

Service: Targeted Case Management in accordance with 1915(g) of the Act.

1. Target Group: Persons with Intellectual Disabilities and Related Conditions
 - a. Persons with intellectual disabilities are persons who:
 - I. Are of significantly sub-average general intellectual functioning (IQ of 70 or below) and 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.
 - b. Persons with related conditions to intellectual disabilities are persons who have a severe, chronic disability that is attributable to cerebral palsy or epilepsy; or any other condition, other than mental illness, found to be closely related to intellectual disabilities because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons. It is manifested before the person reaches age 22. It is likely to continue indefinitely. It results in substantial functional limitations in three or more of the following areas of major life activity:
 - I. Taking care of oneself;
 - II. Understanding and use of language;
 - III. Learning;
 - IV. Mobility;
 - V. Self-direction;
 - VI. Capacity for independent living.

2. Geographic area to be serviced:

- ☒ Statewide
- ☐ Limited geographic area

3. Service:

Services are not comparable in amount, duration, and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. The assistance provided through this service are:

Service: Targeted Case Management in accordance with 1915(g) of the Act.

1. Target Group: Developmentally Delayed infants and toddlers
 - a. Developmentally delayed infants and toddlers are children ages birth through two years and are determined eligible for early intervention services through the identification of a “developmental delay,” a term which means:
 - i. A child exhibits a minimum of 50% delay of the child’s chronological age in any one of the areas listed below or a minimum of 25% delay of the child’s chronological age in any two areas listed below. Delays for infants less than 36 weeks gestation shall be calculated according to their adjusted age.
 - ii. The delay(s) must be defined in one or more of the following areas:
 - a. Cognitive development;
 - b. Physical development, including vision and hearing;
 - c. Communication development;
 - d. Social or emotional development; or
 - e. Adaptive development.
 - iii. Children also are eligible who have a diagnosed physical or mental condition which has a high probability of resulting in developmental delays.
 - iv. Informed clinical opinion must be used in determining eligibility for services as a result of a development delay.
2. Geographic area to be serviced:
☒ Statewide
☐ Limited geographic area

3. Service:

Services are not comparable in amount, duration, and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational and other services. The assistance provided through this service are:

- A. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services.
- B. Development (and periodic revision) of a specific care plan based on the information collected through the assessment; specifies goals and actions to address services needed; activities insuring active participation of the individual and others in development goals; and identifies a course of action to respond to the needs of the individual. Referral and related activities to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and 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.

- C. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. Activities may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, including at least one annual monitoring, to help determine whether the following conditions are met:
 - i. Services are being furnished in accordance with the individual's care plan.
 - ii. Services in the care plan are adequate.
 - iii. There are changes in the needs or status of the eligible individual.
 - D. Targeted case management services may include contacts with non-eligible individuals that are directly related to the identification of 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 feedback, and alerting case managers to changes in the eligible individual's needs.
4. Frequency of Assessments and monitoring:
- A. Initial Assessment requires a face-to-face assessment.
 - B. Reassessment requires an annual face-to-face visit. A reassessment may occur more frequent if there is a change in the eligible individual's condition.
 - C. The assessment and reassessment is limited to no more than four per 365 days. This does not preclude qualified providers from adjusting the care plan and service arrangements more frequently through monitoring activities.
5. Provider Qualifications: In accordance with §1915(g), these providers are limited based upon the target group of Developmental Disability. Qualifications of a case manager providing services to an infant or toddler with developmental delays are an employee or contractor of the Department of Human Resources or one of its qualified Divisions; and
- i. An individual with a master's degree from an accredited college or university in early childhood special education, childhood human growth and development, psychology, counseling, social work, or closely related field, or
 - ii. An individual with a Bachelor's degree from an accredited college or university with major work in early childhood growth and development, 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.

6. Transitional Targeted Case Management

A 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.

☐ Not provided to this target group

☒ Provided to this target group

- 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.
- C. The amount, scope and duration of targeted case management activities are to be documented in an individual's plan of care which includes targeted case management activities prior to and post-discharge.
- D. Transitional targeted case management is only provided by and reimbursed to community targeted case management providers.
- E. Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.
- F. The State will monitor the compliance of transitional targeted case management through utilization management and utilization review criteria.

Service: Targeted Case Management in accordance with 1915(g) of the Act.

1. Target Group: Juvenile Services
 - A. Covered services will be provided to juveniles on probation (referred or under the supervision of juveniles' caseworkers).
 - B. Covered services will be provided to family member who are Medicaid eligible whose children are on probation.

2. Geographic area to be serviced:

- ☒ Statewide
- ☐ Limited geographic area

3. Service:

Services are not comparable in amount, duration, and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. The assistance provided through this service are:

- A. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services.
- B. Development (and periodic revision) of a specific care plan based on the information collected through the assessment; specifies goals and actions to address services needed; activities insuring active participation of the individual and others in developing goals; and identifies a course of action to respond to the needs of the individual.
- C. Referral and related activities to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and 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.
- D. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. Activities may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, including at least one annual monitoring, to help determine whether the following conditions are met:
 - i. Services are being furnished in accordance with the individual's care plan.
 - ii. Services in the care plan are adequate.
 - iii. There are changes in the needs or status of the eligible individual.

- E. Targeted case management services may include contacts with non-eligible individuals that are directly related to the identification of 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 feedback, and alerting case managers to changes in the eligible individual's needs.

4. Frequency of Assessments and Monitoring:

Initial Assessment requires a face-to-face assessment.

- A. Reassessment requires an annual face-to-face visit. A reassessment may occur more frequently if there is a change in the eligible individual's condition.
- B. The assessment and reassessment are limited to no more than four per 365 days. This does not preclude qualified providers from adjusting the care plan and service arrangements more frequently through monitoring activities.

5. Provider Qualifications:

- A. Targeted case management services will be provided only through qualified provider agencies. Qualified targeted case management services provider agencies must meet the following criteria:

- 1. Have full access to all relevant records concerning the child's needs for services including records of the Nevada District Family and Juvenile Courts.
- 2. Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population.
- 3. Have a minimum of five years' experience in providing all core elements of target services to the target populations.
- 4. Have an administrative capacity to ensure quality of services in accordance with State and Federal requirements.
- 5. Have a financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles.
- 6. Have a capacity to document and maintain individual case records in accordance with State and Federal requirements, and
- 7. Have a demonstrated ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program, including the ability to meet Federal and State requirements for documentation, billing and audits.

- B. Individual case managers working for provider agencies must meet the following minimum qualification.

- 1. meet the minimum qualifications for case managers as established by qualified provider agencies and
- 2. have a minimum of a bachelor's degree in social work, sociology, psychology, criminal justice or a related field and

3. have experience in working with youth and
4. Documented experience in a closely related youth services field may be substituted on a year-for-year basis.

6. Transitional Targeted Case Management

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.

☐ Not provided to this target group

☒ Provided to this target group

- 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.
- C. The amount, scope and duration of targeted case management activities are to be documented in an individual's plan of care which includes targeted case management activities prior to and post-discharge.
- D. Transitional targeted case management is only provided by and reimbursed to community targeted case management providers.
- E. Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.
- F. The State will monitor the compliance of transitional targeted case management through utilization management and utilization review criteria.

Service: Targeted Case Management in accordance with 1915(g) of the Act.

1. Target Group: Child Protective Services

1. This service will be reimbursed when provided to children and young adults who are Medicaid recipients who are abused or neglected or suspected to be at risk thereof as evidenced by being in the care of the Division of Child and Family Services, Clark County Department of Family Youth Services and Washoe County Department of Social Services.
2. Covered services will be provided to families who are Medicaid recipients whose children are abused or neglected or suspected of to be at risk thereof as evidenced by being in the care of the Division of Child and Family Services, Clark County Department of Family Youth Services and Washoe County Department of Social Services.

2. Geographic area to be serviced:

- ☒ Statewide
- ☐ Limited geographic area

3. Service:

Services are not comparable in amount, duration, and scope.

Targeted case management services are services furnished to assist individuals, eligible under the State plan that reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. The assistance provided through this service are:

- A. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services.
- B. Development (and periodic revision) of a specific care plan based on the information collected through the assessment; specifies goals and actions to address services needed; activities insuring active participation of the individual and others in developing goals; and identifies a course of action to respond to the needs of the individual.
- C. Referral and related activities to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and 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.
- D. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. Activities may be with the individual, family members, service providers, or other

entities or individuals and conducted as frequently as necessary, including at least one annual monitoring, to help determine whether the following conditions are met:

- i. Services are being furnished in accordance with the individual's care plan.
- ii. Services in the care plan are adequate.
- iii. There are changes in the needs or status of the eligible individual.

E. Targeted case management services may include contacts with non-eligible individuals that are directly related to the identification of 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 feedback, and alerting case managers to changes in the eligible individual's needs.

4. Frequency of Assessments and Monitoring: Initial Assessment requires a face-to-face assessment.

- A. Reassessment requires an annual face-to-face visit. A reassessment may occur more frequently if there is a change in the eligible individual's condition.
- B. The assessment and reassessment are limited to no more than four per 365 days. This does not preclude qualified providers from adjusting the care plan and service arrangements more frequently through monitoring activities.

5. Provider Qualifications:

Targeted case management services will be provided only through qualified provider agencies. Qualified provider agencies must have case managers which meet one of the following criteria:

1. Must have as a minimum the following education and/or experience: (a) Equivalent to completion of 60 semester units of college level course work with a minimum of 15 semester units of child development, psychology, social work or a closely related behavioral science field. (b) Experience in a field related to the work may be substituted for the education on a year-for-year basis.
2. Must have as a minimum the following education and/or experience: (a) Equivalent to a bachelor's degree in criminal justice, psychology, social service, sociology or a closely related field. (b) Experience in a field related to the work may be substituted for the education on a year-for-year basis.
3. Must have as a minimum the following education and/or experience: a) Equivalent to a bachelor's degree in child development, psychology, social work or a closely related field. (b) Experience in a field related to the work may be substituted for the education on a year-for-year basis.
4. Must have as a minimum the following education and/or experience: a) bachelor's degree from an accredited college or university in social work, guidance and counseling, education, gerontology, human services, marriage and family studies, psychology, social welfare or sociology. (b) Licensed to practice social work in the state of Nevada; or eligible for licensure at the time of appointment.

6. Transitional Targeted Case Management

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.

☐ Not provided to this target group

☒ Provided to this target group

- 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.
- C. The amount, scope and duration of targeted case management activities are to be documented in an individual's plan of care which includes targeted case management activities prior to and post-discharge.
- D. Transitional targeted case management is only provided by and reimbursed to community targeted case management providers.
- E. Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.
- F. The State will monitor the compliance of transitional targeted case management through utilization management and utilization review criteria.

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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:

1. 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. Noncompliance 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
2. 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):

- ☒ 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.
☒ 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;

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- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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.

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- 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.
- 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.
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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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.
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.

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- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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

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

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

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

Limitations:

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

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §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))

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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))

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.