

## **Table of Contents**

**State/Territory Name: Alabama**

**State Plan Amendment (SPA) #: 18-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
61 Forsyth Street S.W. Suite 4T20  
Atlanta, Georgia 30303-8909



## **Atlanta Regional Operations Group**

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May 24, 2019

Stephanie McGee Azar  
Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Montgomery, AL 36103-5624

Re: Title XIX State Plan Amendment, AL #18-0005

Dear Ms. Azar:

We have reviewed the proposed amendment to the Alabama State Plan, submitted under transmittal number AL-18-0005. This amendment adds High Intensity Care Coordination to individuals aged 0-21 who have a diagnosed Autism Spectrum Disorder and/or Serious Emotional Disturbance with or without Intellectual Disabilities/Developmental Disabilities under Target Group 10. Additionally, this SPA adds the requirement for an ICD-10 diagnosis for Target Group 1, updates language in Target Group 9, and adds required criteria for the definition of seriously emotionally disturbed, removal of outdated information, and the addition of Autism Spectrum Disorder as a covered diagnosis in Target Group 3.

Based on the information provided, this amendment was approved on May 24, 2019. The effective date is November 1, 2018. We are enclosing the approved CMS Form 179 and plan pages.

If you have any questions, please contact Alice Hogan at 404-562-7432 or [Alice.Hogan@cms.hhs.gov](mailto:Alice.Hogan@cms.hhs.gov).

Sincerely,

/s/

Shantrina D. Roberts, MSN  
Deputy Director  
Division of Medicaid Field Operations South

cc: Alexandra Smilow, Center for Medicaid and CHIP Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: AL-18-0005	2. STATE Alabama
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	4. PROPOSED EFFECTIVE DATE November 1, 2018	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.18(8)(i) and 441.18(9)	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$16,384,904 b. FFY 2020 \$16,384,904
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 1 to Attachment 3.1-A, Pages 1, 11, 12, 14, and 45 Supplement 1 to Attachment 3.1-A, Pages 51-57	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Supplement 1 to Attachment 3.1-A, Pages 1, 11, 12, 14, and 45 NEW

10. SUBJECT OF AMENDMENT:

The primary purpose for this amendment is to allow the Department of Mental Health to provide High Intensity Care Coordination Services to Medicaid-eligible individuals' ages 0-21 who have a diagnosed Autism Spectrum Disorder(ASD) and/or Serious Emotional Disturbance (SED) with or without Intellectual Disabilities/Developmental Disabilities under Target Group 10 and to allow edits to be made to the language in Target Groups 1 Mentally ill Adults, 3 Disabled Children, and 9 Substance Use Disorders. Additionally, Autism Spectrum Disorder will be added to Target Group 3, Disabled Children as a covered diagnosis.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor's designee on file  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Stephanie McGee Azar	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 10/31/18	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 10/31/19	18. DATE APPROVED: 05/24/19
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/18	20. SIGNATURE OF REGIONAL OFFICIAL: /s/Division of Medicaid Field Operations South
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Deputy Director Division of Medicaid Field Operations South

23. REMARKS: Approved with following changes to blocks 7, 8 and 9 as authorized by state agency email dated 05/22/19.

Block # 7 changed to read: FFY19-\$6,266,495.15; FFY20 \$12,621,766.  
Block # 8 changed to read: Supplement 1 to attachment 3.1-A, pages 1, 3,11,14,17 and 45; Supplement 1 to attachment 3.1-A, pages 51-54 new; Attachment 4.19-B page 8c.  
Block # 9 changed to read: Supplement 1 to Attachment 3.1-A, pages 1, 3,11,14,17 and 45; Attachment 4.19-B page 8c.

- (4) The monthly encounter payment for case management services of target group 4 (Foster Children) is limited to one child per family unit, per month when there is more than one child within a family unit and no child is in an out-of-home placement. If there is more than one eligible child and no child is exclusively identified as the primary recipient of treatment, then the oldest child's recipient ID number **must** be used for billing purposes. However, if a specific child is identified as the primary recipient of treatment, then that child's recipient ID number **must** be used for billing purposes.
- (5) Payment for case management services of target group 7 (Adult Protective Service Individuals) is limited to one person per family unit. However, when adult protective services are needed by other members of the family unit or when encounters are necessary by multiple providers, those services are provided as often as necessary to achieve the objectives of the case plan. These services may include investigation and case management services and are provided pursuant to statutory authority to achieve the degree of protection necessary and to assure the effectiveness of the services.
- (6) For target group 1 (Mentally Ill Adults), target group 2 (Mentally Retarded Adults), target group 3 (Disabled Children), target group 5 (Pregnant Women), target group 6 (AIDS/HIV), target group 8 (Technology Assisted Waiver for Adults), and target group 9 (Substance Use Disorders) a unit of service is reimbursed in increments of five minutes. Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Targeted Case Management. The Agency's rates were set as of November 1, 2018 and are effective for services provided on or after that date. All rates, including current and prior rates, are published and maintained on the Agency's website. The fee schedule is published at [http://www.medicaid.alabama.gov/content/Gated/7.3G\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules.aspx)
- (7) Reimbursement for services provided by Governmental Providers for target group 4 (Foster Children) and target group 7 (Adult Protective Service Individuals) will be based on actual costs and meet all the requirements of 45 CFR §75 Uniform Administration Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.
- (8) The monthly encounter rate for case management services of target group 10 (High Intensity Care Coordination) is limited to one recipient per family unit, per month when there is more than one child within a family unit and no child is in an out-of-home placement. If there is more than one eligible child and no child is exclusively identified as the primary recipient of treatment, then the oldest child's recipient ID number **must** be used for billing purposes. However, if a specific child is identified as the primary recipient of treatment, then that child's recipient ID number **must** be used for billing purposes. The monthly encounter rates were derived from an analysis of caseloads and staffing configurations, productivity, staffing costs and fee-for-service utilization. Staffing costs include salaries and wages, fringe benefits and operating and support costs. These staffing costs were based on existing costs of community mental health center staff and/or 310 Board staff that would meet the qualifications to perform Intensive Care Coordination.

## State Plan under Title XIX of the Social Security Act

State/Territory: Alabama

## TARGETED CASE MANAGEMENT SERVICES

## Targeted Group 1 Mentally Ill Adults

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

Mentally Ill Adults

The population to be served consists of functionally limited individuals 18 years of age or older with multiple needs who have been assessed by a qualified professional and have been found to require mental health case management. Such persons have a diagnosis included in the ICD-10 as appropriate to date of service (other than developmental/intellectual disabilities, autism spectrum disorder, organic mental disorder, traumatic brain injury, or substance abuse), impaired role functioning, and a documented lack of capacity for independently accessing, and sustaining involvement with needed services.

Medicaid recipients may receive TCM services in more than one target group, or case management services from another program if the Agency determines this would not present a duplication of services.

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

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

X Entire State

\_\_\_ Only in the following geographic areas:

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

\_\_\_ Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope (§1915(g)(1)).

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

- 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 the individual's history;

State Plan under Title XIX of the Social Security Act  
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**TARGETED CASE MANAGEMENT SERVICES**  
**Targeted Group 1 Mentally Ill Adults**

- 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 - The case manager will ascertain on an ongoing basis what services have been delivered and whether they are adequate to meet the needs of the client. Adjustments in the plan of care may be required as a result of monitoring.

\_\_\_\_ 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)):

1. Target Group 1: Mentally Ill Adults

The case management provider will be either Regional Boards incorporated under Act 310 of the 1967 Alabama Act who have demonstrated ability to provide targeted case management services directly, or the Alabama Department of Mental Health (AMDH).

Providers. Providers must be certified by the Alabama Department of Mental Health and provide services through a contract with ADMH. Act 310 provides for the formation of public corporation to contract with the Alabama

Department of Mental Health in constructing facilities and operating programs for mental health services. A 310 Board has the authority to directly provide: planning, studies and services for mental illness.

Individual case managers must meet the following qualifications:

- (A) At a minimum, a Bachelor of Arts or a Bachelor of Science degree preferably in a human services related field, or
- (B) A registered nurse, and
- (C) Training in a case management curriculum provided or approved by the Department of Mental Health and the Alabama Medicaid Agency.

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.

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

TARGETED CASE MANAGEMENT SERVICES  
Targeted Group 3 Disabled Children

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

Disabled Children

The population to be served consists of individuals age 0-20 or until the individual reaches age 21 considered to be disabled as defined in the following six subgroups:

- (A) Intellectually Disabled/related conditions: (Individuals in this subgroup will be age 0-17.)
- (1) Intellectually Disabled - diagnosis must be determined and must include a primary determination of both intellectual and adaptive behaviors indicating the individual's primary problems are due to mental retardation.
- (2) Related conditions - individuals who have a severe chronic disability that meets all of the following conditions:
- (a) It is attributable to:
    - (i) Cerebral palsy or epilepsy; or
    - (ii) Any other condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of intellectually disabled persons, and requires treatment or services similar to those required for these persons.
  - (b) It is manifested before the person reaches age 22.
  - (c) It is likely to continue indefinitely.
  - (d) It results in substantial functional limitations in three or more of the following areas of major life activity:
    - (i) Self-care,
    - (ii) Understanding and use of language,
    - (iii) Learning,
    - (iv) Mobility,
    - (v) Self-direction,
    - (vi) Capacity for independent living.
- (B) Seriously emotionally disturbed:
- I. In order to meet the definition of seriously emotionally disturbed, the recipient must meet the following criteria for (I & II) or (I & III): Diagnosis:
    - a. Must have a DSM/ICD diagnosis. A primary diagnosis of a "Z" code, substance use, autism spectrum disorder, developmental/intellectual disability, organic mental disorder, or traumatic brain injury does not meet the criteria.
  - II. Jeopardy of being Separated from Family (Out-of-Home Placement):
    - a. Still residing in the community but in jeopardy of being separated from family as the result of a serious emotional disturbance.
  - III. Functional Impairments/Symptoms/Risk of Separation – Must have a. **or** b. **or** c. as the result of a serious emotional disturbance:
    - a. Functional Impairment – Must have substantial impairment in one of the following capacities to function (corresponding to expected developmental level):
      - i. Autonomous Functioning: Performance of the age appropriate activities of daily living, e.g., personal hygiene, grooming, mobility;
      - ii. Functioning in the community – e.g., relationships with neighbors, involvement in recreational activities;
      - iii. Functioning in the Family or Family Equivalent – e.g., relationships with parents/parent surrogates, siblings, relatives;
      - iv. Functioning in School/work – e.g., relationships with peers/teachers/co-workers, adequate completion of school work.
    - b. Symptoms – Must have one of the following:
      - i. Features associated with Psychotic Disorders
      - ii. Suicidal or Homicidal Gesture or Ideation
    - c. Risk of Separation:  
Without treatment, there is imminent risk of separation from the family/family equivalent or placement in a more restrictive treatment setting.

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TARGETED CASE MANAGEMENT SERVICES  
Targeted Group 3 Disabled Children

- (10) Orthopedic problems, (such as clubfoot, scoliosis fractures, poliomyelitis);
  - (11) Metabolic disorders, (such as panhypopituitarism);
  - (12) Neoplasms, (such as leukemia, retinoblastoma); and
  - (13) Multisystem genetic disorders, (such as tuberous sclerosis, neurofibromatosis).
  - (14) Autism Spectrum Disorder for a child or youth ages 0 to 21.
- (E) Developmentally delayed -
- (1) A child age birth to three years who is experiencing developmental delays equal to greater than 25 percent as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:
    - (a) Cognitive development;
    - (b) Physical development (including vision and hearing);
    - (c) Language and speech development;
    - (d) Psychosocial development; and
    - (e) Self-help skills.
  - (2) One who has a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay.
- (F) Multi-need - An individual who has a combination of two or more disabling conditions. Each condition, if considered separately, might not be severe enough to warrant case management, but a combination of the conditions would be of such severity to adversely affect development.

A person in this target group may reside in his/her own home, the household of another, or a supervised residential setting and in total care environments, such as nursing facilities and, hospitals. Medicaid recipients may receive TCM services in more than one target group, or case management services from another program if the Agency determines this would not present a duplication of services.

X 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). Also excluded are individuals receiving services in an Institution for Mental Disease (IMD).

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

- X Entire State
- \_\_\_ Only in the following geographic areas:



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**TARGETED CASE MANAGEMENT SERVICES**  
**Targeted Group 3 Disabled Children**

- (B) Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
- (C) Demonstrated experience with the target population.
- (D) An administrative capacity to insure quality of services in accordance with state and federal requirements.
- (E) A financial management system that provides documentation of services and costs.
- (F) Capacity to document and maintain individual case records in accordance with state and federal requirements.
- (G) Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider.
- (H) Demonstrated capacity to meet the case management service needs of the target population.

Individual case managers must meet the following minimum qualifications:

- (A) A Bachelor of Arts or a Bachelor of Science degree, or
- (B) A registered nurse, and
- (C) Training in a case management curriculum approved by the Alabama Medicaid

Agency.

TCM providers for Disabled Children (Target 3, Subgroup B -SED), for ADMH must be Regional Boards incorporated under Act 310 of Comprehensive Community Health Centers. TCM providers for Disabled Children through ADMH must be certified and provide services through a contract with "ADMH".

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)):

\_\_\_\_\_ 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

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.

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

**TARGETED CASE MANAGEMENT SERVICES**  
**Targeted Group 9 Individuals who meet the eligibility criteria for**  
**Substance Use Disorders**

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

The target group to be served consists of Medicaid-eligible individuals who have a diagnosed substance use disorder or substance induced disorder, in accordance with criteria set forth by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, and who meet the following additional criteria.

- (1) Individuals who:
- (a) Have been unable to independently maintain a sustained period of recovery after repeated treatment episodes; or
  - (b) Have little or no access to community resources necessary to support sustained recovery efforts; or
  - (c) Have co-morbid conditions, as mental illness, emotional disorders, intellectual disabilities, medical conditions, sensory impairments, or mobility impairments; or
  - (d) Have significant responsibility for the care of dependents, as well as themselves.

(2) Individuals who are residing in a supervised residential setting, transitioning to an approved community setting following an institutional stay, residing in his/her own home, or the household of another are eligible for Target Group 9.

The target group does not include individuals who are inmates of public institutions. Also excluded are individuals receiving services in an Institution for Mental Disease (IMD).

Medicaid recipients may receive TCM services in more than one target group or case management services from another program if the Agency determines this would not present a duplication of services.

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

- Entire State  
 Only in the following geographic areas

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TN No. AL-18-005

Supersedes

TN No. AL-18-0002

Approval Date: 05/24/19

Effective Date: 11/01/18

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

**TARGETED CASE MANAGEMENT SERVICES**  
**Targeted Group 10 Disabled Children and Severely Mentally Ill Adults High Intensity Care Coordination**

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

- A. The population to be served consists of individuals age 0-20 or until the individual reaches age 21 considered to be disabled as defined in the following two subgroups and who require a multi-disciplinary service team from more than one child-serving agency or who have one or more co-occurring diagnoses:
- (1) Autism Spectrum Disorder (ASD)
    - a. children/youth requiring a multi-disciplinary service team from more than one child-serving agency or who have one or more co-occurring diagnoses.
  - (2) Seriously Emotionally Disturbed (SED); and  
In order to meet the definition of seriously emotionally disturbed, the recipient must meet the following criteria for (I & II) or (I & III):
- I. Diagnosis:
    - a. Must have a DSM/ICD diagnosis. A primary diagnosis of a "Z" code, substance use, autism spectrum disorder, developmental/intellectual disability, organic mental disorder, or traumatic brain injury does not meet the criteria.
  - II. Jeopardy of being Separated from Family (Out-of-Home Placement):
    - a. Still residing in the community but in jeopardy of being separated from family as the result of a serious emotional disturbance.
  - III. Functional Impairments/Symptoms/Risk of Separation – Must have a. **or** b. **or** c. as the result of a serious emotional disturbance:
    - a. Functional Impairment – Must have substantial impairment in one of the following capacities to function (corresponding to expected developmental level):
      - i. Autonomous Functioning: Performance of the age appropriate activities of daily living, e.g., personal hygiene, grooming, mobility;
      - ii. Functioning in the community – e.g., relationships with neighbors, involvement in recreational activities;
      - iii. Functioning in the Family or Family Equivalent – e.g., relationships with parents/parent surrogates, siblings, relatives;
      - iv. Functioning in School/work – e.g., relationships with peers/teachers/co-workers, adequate completion of school work.
    - b. Symptoms – Must have one of the following:
      - i. Features associated with Psychotic Disorders
      - ii. Suicidal or Homicidal Gesture or Ideation
    - c. Risk of Separation:
      - i. Without treatment, there is imminent risk of separation from the family/family equivalent or placement in a more restrictive treatment setting.
- B. The population to be served consists of individuals age 18 and older considered to be disabled as defined in the following subgroup and who require a multi-disciplinary service team from more than one agency or who have one or more co-occurring diagnosis:
- a. Severely Mentally Ill (SMI):  
The population to be served consists of functionally limited individuals 18 years of age or older with multiple needs who have been assessed by a qualified professional and have been found to require mental health case management. Such persons have a diagnosis included in the ICD-10 as appropriate to date of service (other than primary developmental/intellectual disabilities, autism spectrum disorder, organic mental disorder, traumatic brain injury, or substance abuse), impaired role functioning, and a documented lack of capacity for independently accessing, and sustaining involvement with needed services.

State Plan under Title XIX of the Social Security Act  
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**TARGETED CASE MANAGEMENT SERVICES**  
**Targeted Group 10 Disabled Children and Severely Mentally Ill Adults High Intensity Care Coordination**

Medicaid recipients may receive TCM services in more than one target group, or case management services from another program if the Agency determines this would not present a duplication of services.

X 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). Also excluded are individuals receiving services in an Institution for Mental Disease (IMD).

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

X Entire State  
\_\_\_ Only in the following geographic areas:

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

X 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:

- ❖ 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;

Reassessment/follow-up - The case manager shall evaluate through interviews and observations the progress of the client toward accomplishing the goals listed in the case plan at intervals of six months or less. In addition, the persons and/or agencies providing services to the client will be contacted and the results of these contacts, together with the changes in need shown in the reassessments, will be utilized to accomplish any needed revisions to the case plan.

- ❖ 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;

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including

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

**TARGETED CASE MANAGEMENT SERVICES**  
**Targeted Group 10 Disabled Children and Severely Mentally Ill Adults High Intensity Care Coordination**

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

- ❖ 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 - The case manager will ascertain on an ongoing basis what services have been delivered and whether they are adequate to meet the needs of the client. Adjustments in the plan of care may be required as a result of monitoring.

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)):

Target Group 10: Autism Spectrum Disorder (ASD) Children, Serious Emotional Disturbance (SED) Children, and Severely Mentally Ill (SMI) Adults.

Case management providers must be certified as a Medicaid provider meeting the following criteria:

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

Individual case managers must meet the following minimum qualifications:

- (A) A Bachelor of Arts or a Bachelor of Science degree, or
- (B) A registered nurse, and
- (C) Training in a case management curriculum approved by the Alabama Medicaid Agency.

The case management provider will be either Regional Boards incorporated under Act 310 of the 1967 Alabama Act who have demonstrated ability to provide targeted case management services directly, or the Alabama Department of Mental Health (AMDH). Providers must be certified by the Alabama Department of Mental Health and provide services through a contract with ADMH. Act 310 provides for the formation of public corporation to contract with the Alabama Department of Mental Health in constructing facilities and operating programs for mental health services. A 310 Board has the authority to directly provide: planning, studies and services for mental illness.

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

**TARGETED CASE MANAGEMENT SERVICES**  
**Targeted Group 10 Disabled Children and Severely Mentally Ill Adults High Intensity Care Coordination**

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)):

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

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 §441.169 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)).