

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
TARGETED CASE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH

- a. Item 19a: Payment for these services are made under a contractual arrangement in accordance with the requirements of 42 CFR § 438.

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LIMITATIONS TO CARE AND SERVICES

19a. Targeted Case Management Services for Behavioral Health

Target Group:

Medicaid clients enrolled in the Colorado Medicaid Community Mental Health Services Program (a Section 1915(b) waiver program) who have or are being assessed for a mental health diagnosis(es) covered under the Colorado Medicaid Community Mental Health Services Program.

Areas of State in which Services will be Provided:

- Entire state

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide)

Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope.

Definition of Services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of an individual to determine the need for any medical, educational, social or other services. These assessment activities include:
 - a. Taking client history;
 - b. Identifying the individual's needs and completing related documentation; and
 - c. Gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the individual.

2. Development of a specific care plan that:
 - a. Is based on the information collected through the assessment;
 - b. Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

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LIMITATIONS TO CARE AND SERVICES

19a. Targeted Case Management Services for Behavioral Health (Continued)

- c. 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
 - d. Identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities:
- a. To help an eligible individual obtain needed services including activities that help link an individual with:
 - i. Medical, social, educational providers; or
 - ii. Other programs and services capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.
4. Monitoring and follow-up activities:
- a. Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. These activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure 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; and
 - iii. If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.

Monitoring shall be completed as necessary to ensure implementation of the care plan and to evaluate health and welfare. Follow up actions shall be performed when necessary to address health and safety concerns or services in the care plan. Case management may include contacts with non-eligible individuals that are directly related to 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

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services, providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs

Qualifications of Providers:

The Targeted Case Management provider must ~~meet the requirements of~~ a licensed community mental health center and clinicians shall be under the direction of a physician.

The following qualified mental health professionals may provide Targeted Case Management services as allowable within the scope of their practice and State licensure requirements:

- Licensed Clinical Social Worker (LCSW)
- Licensed Social Worker (LSW)
- Licensed Marriage/Family Therapist (LFMT)
- Licensed Professional Counselor (LPC)
- Licensed EdD, PsyD, PhD
- Unlicensed Master's Level clinician
- Unlicensed EdD, PsyD, PhD
- Psych Tech
- LPV/LVN
- RN/APRN
- RxN
- Physician's Assistant (PA)
- MD/DO

LIMITATIONS TO CARE AND SERVICES

19a. Targeted Case Management Services for Behavioral Health (Continued)

Freedom of Choice:

The State assures that:

1. 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;
2. Eligible individuals will have free choice of the providers of case management services within the specified geographic area identified in this State Plan Amendment; and

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3. Eligible individuals will have free choice of the providers of other medical care under the State Plan.

Freedom of Choice Exception:

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

Access to Services:

The State assures that:

1. Case management services will be provided in a manner consistent with the best interest of the eligible individual and will not be used to restrict an individual's access to other services under the State Plan;
2. Individuals will not be compelled to receive case management services;
3. The receipt of other Medicaid services will not be conditioned on the receipt of case management services;
4. The receipt of case management services will not be conditioned on the receipt of other Medicaid services; and
5. Providers of case management services do not exercise the Department's authority to authorize or deny the provision of other services under the State Plan.

LIMITATIONS TO CARE AND SERVICES

19a. Targeted Case Management Services for Behavioral Health (Continued)

Limitations:

Case management does not include the following:

1. Activities not consistent with the definition of case management services under Section 6052 of the Deficit Reduction Act;
2. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred;

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3. Activities integral to the administration of foster care programs; or
4. Activities for which third parties are liable to pay.

Additional Limitations:

An individual who has been assessed and determined not to have a mental health diagnosis(es) covered under the Colorado Medicaid Community Mental Health Services Program is eligible for case management services under this State Plan Amendment for only ten business days after the date the determination was made.

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