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

19. TARGETED CASE MANAGEMENT SERVICES: Persons with a Developmental Disability

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

Medicaid recipients who have been determined by a Community Centered Board to have a developmental disability and are actively enrolled in the Home and Community Based Services waiver for persons with Developmental Disabilities (HCBS-DD), HCBS-Supported Living Services waiver (HCBS-SLS), HCBS-Children's Extensive Support waiver (HCBS-CES), and Early Intervention Services. Excluded are children with developmental disabilities or delays enrolled in the Children's HCBS waiver, HCBS Children's Residential Habilitation Program, adults with developmental disabilities who are enrolled in other Medicaid waiver programs, and persons residing in Class I nursing facilities or ICF-MR.

___ 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):

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:

Targeted Case Management (TCM) services to this population will consist of facilitating enrollment; locating, coordinating, and monitoring needed developmental disabilities services; and coordinating with other non-developmental disabilities funded services, such as medical, social, educational, and other services to ensure non-duplication of services and monitor the effective and efficient provision of services across multiple funding sources.

Targeted Case Management services will involve at least one activity regarding the individual each month in which Targeted Case Management services are billed for one or more of the following purposes:

a. 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;

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

19. TARGETED CASE MANAGEMENT SERVICES: Persons with a Developmental Disability

- 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.

Comprehensive assessment shall be completed at the time of enrollment. Assessment information shall be reviewed at least annually. Reassessment shall occur when the client experiences significant change in need or in level of support.

b. 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.

c. 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.

d. 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 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. Monitoring shall include direct contact and observation with the client in a place where services are delivered and at a frequency as follows:
     - HCBS-DD at least once per quarter;
     - HCBS-SLS at least once per quarter;

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

19. TARGETED CASE MANAGEMENT SERVICES: Persons with a Developmental Disability

- HCBS-CES at least once per quarter; or
- Early Intervention at least every six months

_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)):
Targeted Case Management services will be provided by Community Centered Boards (CCB) which are private, for profit or not-for-profit, corporations designated on an annual basis by the Colorado Department of Human Services pursuant to CRS 27-10.5-105, as amended to serve the needs of individuals with developmental disabilities within specific geographic service areas. Providers must meet established program requirements. Community Centered Boards are the only agencies legally authorized to provide targeted case management services to individuals with developmental disabilities in community-based settings in Colorado. Case Managers who provide Targeted Case Management services will have, at a minimum, a bachelor's level degree of education, five (5) years of experience in the field of developmental disabilities, or some combination of education and experience appropriate to the requirements of the position.

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.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):
The State assures the following:

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

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

19. TARGETED CASE MANAGEMENT SERVICES: Persons with a Developmental Disability

- 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))

Effective April 1, 2012. the total number of units per client is limited to 60 units through June 30, 2012. Effective July 1, 2012, the total number of units per client is limited to 240 units per fiscal year per person for each state fiscal year (~~June 1~~ July 1 through June 30). One unit is equal to 15 minutes.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

19. Targeted Case Management Services: Persons with a Developmental Disability

Payment for targeted case management (TCM) services under the State Plan do not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The reimbursement methodology is based upon a market-based rate with a unit of service equal to 15 minutes according to the State's approved fee schedule.

TCM services for Persons with a Developmental Disability are reimbursed at the lower of the following:

1. Submitted charges; or
2. Fee schedule as determined by the Department of Health Care Policy and Financing.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of TCM services for persons with developmental disabilities. The agency's fee schedule rate is set as of July 1, 2009 and is effective for services provided on or after that date. The reimbursement rates for these services can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

The TCM fee-for-services rate is based on the estimated average number of hours a case manager and a case manager supervisor will spend on a case each month. The base for the rate is the estimated personnel related costs for these hours, and included consideration for non-direct cost allocations. The proposed rate is based on the following assumptions.

- Direct Personnel Costs: There are two sets of wages, case manager and supervisor, in the TCM model. Both wages were derived from the May 2005 BLS statewide wage data. These wages were adjusted for inflation by using the average SSI inflation rates for the past three years, which adjusted the salary by 9.7 percent.
- Caseload: This drives the average number of hours assumed for a given case in a month, based on a 40-hour work week. The proposed rate assumes a caseload of 40 cases per case manager, which translates to an average of 3.67 hours devoted to each client each month.
- Supervisor Span of Control: The supervisor span of control is the number of employees providing direct service supervised by a supervisor. This component of the rate model captures the costs associated with direct supervision; other levels of management are

contained in the non-direct cost allocation, Program Support: Payroll Related. The TCM model allows for one supervisor for every ten case managers.

- Benefits Factor: The benefits factor represents taxes and benefits for the direct care employee and the direct care supervisor. The benefits factor is calculated using reported costs from the spring 2007 and the wage survey data. The same benefit factor of 24 percent was used for all of the proposed rates.

- Program Support, Payroll Related: This category of non-direct cost allocations captures salaries and benefits not captured in the direct care or supervisor of direct care components of the rate. As with all non-direct cost allocations, we calculate these costs as a percentage of the direct care salaries and benefits. The source of all of the non-direct cost allocations is the spring 2007 targeted cost survey. The percentage add-on for this category of costs is 13.2 percent. The salaries and benefits included are those of program managers, associate program managers, program directors and program secretaries.

- Program Support, Non-Payroll Related: This category of non-direct cost allocations includes program expenses, medical professional services, staff development, staff travel, and vehicles. The percentage add-on is 12.5 percent and is based on data reported in the spring 2007 targeted cost survey.

- Other Non-Direct Program Related Expenses: This category of non-direct cost allocations captures general program management costs. These costs include program administration expenses, other professional services, telephone, dues and subscriptions, insurance and other general management expenses. The percentage add-on is 18.4 percent and is based on data reported in the spring 2007 targeted cost survey.

- Facility Related Costs: This category of non-direct cost allocations captures costs associated with the office space for the case manager. The 2007 cost survey asked providers to report on costs by service – Day Habilitation, Residential Habilitation and Supported Employment. The business model for Supported Employment is the closest in nature to TCM, so we used the survey data associated with Supported Employment to develop this allocation percentage. The percentage is 4.0 percent and includes rent/leases, maintenance and utilities.

- Management and General: The spring 2007 cost survey may not have captured all administrative costs associated with providing Comprehensive Waiver services. To reflect costs like those of the Chief Executive Officer (CEO), Chief Financial Officer (CFO), and other non-program general administration, we included an additional overhead percentage of 5 percent.