STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

CASE MANAGEMENT SERVICES

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

Target Group D - Individuals eligible under the state plan with a chronic mental illness who:

1. Are Medicaid eligible.
2. Are between 21 and 65 years of age.
3. Are experiencing a psychiatric emergency medical condition defined as expressing suicidal or homicidal thoughts or gestures or is dangerous to self or others.
4. Present at Emergency Departments of the hospitals or the Institutions for Mental Disease hospitals (IMD) participating in the Medicaid Emergency Psychiatric Demonstration from December 3, 2012 through June 30, 2015, or for the duration of Emergency Psychiatric Demonstration funding, should it end earlier.
5. Live within the areas specified in Subsection B.
6. Are not enrolled in Medicare Part A or C or in a Care Coordination Program (managed care, integrated care or care coordination entity).
7. Are within the monthly allocation of
   a. the individuals funded by the Medicaid Emergency Psychiatric Demonstration, and
   b. the individuals who may be deflected to community services each month prior to reaching that number in subsection a.

The target group includes individuals transitioning to a community setting. The target group does not include individuals between 21and 65 years of age who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. No claims will be made for TCM services while an individual is in either of these settings.

B. Areas of State in which services will be provided (Section 1915 (g)(1) of the Act)

____ Entire State

_X_ only the following geographic areas (authority of section 1915 (g) (1) of the ACT is invoked to provide services less than Statewide.

The area to be covered includes:

1. In following community areas in northern Chicago, Rogers Park, Edgewater, Uptown, Lakeview, North Center, Lincoln Square, West Ridge, North Park, Albany Park, Irving Park, Avondale, Portage Park, Jefferson Park, and Forest Glen.
2. In the following municipalities in western Cook County, Oak Park, River Forest, Elmwood, River Grove, Franklin Park, Melrose Park, Stone Park, Maywood, Bellwood, Hillside, Westchester, Broadview, LaGrange Park, LaGrange, Brookfield, Lyons, Riverside, North Riverside, Stickney, Berwyn, Cicero, and Forest Park.

C. Comparability of services (Sections 1902 (a)(10)(B) and 1915(g)(1)

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

_X_ Services are not comparable in amount, duration, and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B) of the Act.

D. Definition of Services (42 CFR 440.169):

Targeted Case Management services for this target group are defined as services furnished to assist individuals eligible under the State Plan and a member of this target group, to access to all needed medical, mental health, substance abuse treatment, social, educational, and other services.

Targeted case management may be provided face-to-face, by telephone, or anywhere in the community.

Service activities include: assessment, appropriate level of care determination, plan development, facilitating access to services, advocacy, and monitoring. Services are to be delivered by a team member or members who have the best clinical fit with the needs of the person with a chronic mental illness.

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
   a. Taking client history;
   b. Identifying the individual's needs and completing related documentation, reviewing all available medical, mental health and substance abuse and other records;
   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.
   d. Assessing support network availability, adequacy of living arrangements, financial status, and employment status.

   The initial assessment will be performed within 24 hours of referral, which will allow decisions and linkage for immediate needs. The comprehensive assessment will be performed within 2 weeks of referral to provide stability to the individual.

2. Development and periodic revision of a specific care plan that is based on the information collected through the assessment.
   a. Specifies the goals and actions necessary to address the medical, mental health, substance abuse, social, educational, and other services needed by the individual;

b. 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 these goals; and

c. Identifies a course of action to respond to the assessed needs of the eligible individual.

d. Develops a transition plan to ongoing case management at the end of the 60 days.

3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities to help link the individual with medical, mental health, substance abuse, social, educational providers or other programs or services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

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, to determined if the following conditions are met:

   a. Services are furnished in accordance with the individual care plan;

   b. Services in the care plan are adequate; and

   c. Changes in the needs or status of the individual are reflected in the care plan.

   Monitoring of the care plan will be conducted in person or on the phone with the individual, their family or a service provider every two weeks or more frequently as needed. The care plan will be monitored this frequently to stabilize the individual in a psychiatric crisis.

   Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purpose 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.

E. Qualification of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

The Community Connect TCM agency must meet the qualifications to provide Medicaid Rehabilitation Option services in Appendix to Attachment 3.1-A. Qualified mental health providers located in the covered geography have agreed to develop team services, i.e., Community Support Teams or Assertive Community Treatment Teams, and comply with the Emergency Psychiatric Demonstration in a supplemental provider agreement with the department.

The targeted case management will be a team based service and will include the credentials of the following: a licensed practitioner of the healing arts, a qualified mental health professional, a substance abuse clinician, a health care professional and a Certified Recovery Support Specialist.

The team can have fewer members if one person has more than one credential. Description of the qualifications is below:

Licensed Practitioner of the Healing Arts or LPHA – An Illinois licensed health care practitioner who, within the scope of State law, has the ability to independently make a clinical assessment, certify a diagnosis and recommend treatment for individuals with a mental illness and who is one of the following: a licensed physician; a licensed advanced practice nurse with psychiatric specialty; a licensed clinical psychologist; a licensed clinical social worker (LCSW); a licensed clinical professional counselor (LCPC); or a licensed marriage and family therapist (LMFT).

Qualified Mental Health Professional or QMHP – One of the following:

1. A licensed social worker (LSW) possessing at least a master's degree in social work with specialized training in mental health services or with at least 2 years experience in mental health services;
2. A licensed professional counselor possessing at least a master's degree with specialized training in mental health services or with at least two years experience in mental health services;
3. A licensed registered nurse (RN) with at least one year of clinical experience in a mental health setting or who possesses a master's degree in psychiatric nursing;
4. A licensed occupational therapist (OT) with at least one year of clinical experience in a mental health setting; or
5. An individual possessing at least a master's degree in counseling and guidance, rehabilitation counseling, social work, vocational counseling, psychology, pastoral counseling, or family therapy or related field, who has successfully completed a practicum or internship that included a minimum of 1,000 hours of supervised direct service, or who has one year of clinical experience under the supervision of a QMHP.
6. Any individual meeting the minimum credentials for a LPHA under this part is deemed to also meet the credentialing requirements of a QMHP.

Health care professional – licensed as a RN or physician;

Substance abuse professional -

1. hold clinical certification as a Certified Alcohol and Drug Counselor from the Illinois Alcoholism and Other Drug Abuse Professional Certification Association (IAODAPCA), 1305 Wabash Avenue, Suite L, Springfield, Illinois 62704; or
2. Any higher level substance abuse credential.

Certified Recovery Support Specialist or CRSS – an individual who is certified and in good standing as a Recovery Support Specialist by the Illinois Alcohol and Other Drug Abuse

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Professional Certification Association, Inc. (IAODAPCA). This person has a mental illness, is in recovery, and has met the certification requirements.

The team member or members most appropriate to the needs of the person and the level of function to be performed for the person will be involved. Not all the team will be involved in each appropriate level of care determination, crisis intervention, linkage, and care coordination activity. For the determination of eligibility for the demonstration, the LPHA, QMHP, or health care professional, with the physician at the hospital where the person presents will make the determination of eligibility for the demonstration. The TCM agencies are required to have clinical supervision and a utilization review process which is reviewed at three year recertification reviews and at other compliance reviews.

F. **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.

G. **Freedom of choice exception (1915(g)(1) and 42 CFR 441.18(b)):**

_X_ Target group consists of eligible individuals with chronic mental illness. Providers are limited to qualified mental health providers capable of ensuring the individuals with chronic mental illness receive needed services. Providers will be those located in the geography of the Emergency Psychiatric Demonstration who have or have agreed to develop team services, i.e., Community Support Teams or Assertive Community Treatment Teams. Two providers were chosen due to the low volume approved by the Emergency Psychiatric Demonstration, the need for special training and the need for consistent compliance with the Emergency Psychiatric Demonstration requirements.

H. **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:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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

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

J. 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 Medicaid identification number of the individual;
- (iii) The dates of the case management services;
- (iv) The name of the provider agency (if relevant) and the person providing case management services;
- (v) The nature, content, units of case management services received and whether goals specified in the care plan have been achieved;
- (vi) The place of service;
- (vii) Whether the individual has declined other services in the care plan;
- (viii) The need for, and occurrences of, coordination with other case managers;
- (ix) A timeline for obtaining needed services;
- (x) A timeline for reevaluation of the plan.

K. Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in 42 CFR 440.169 when the case management activities are integral and inseparable component of another 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 §440.169 when case management activities constitute the direct delivery of underlying medical, educational, social, or other services 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 is 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 educational program or individualized family service plan consistent with section 1903(c) of the Act. (Sections 1902(a) (25) and 1905(c))

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Targeted Case Management will be approved for this target group for 60 days from the date of the initial assessment at the Emergency Department or the IMD participating in the Emergency Psychiatric Demonstration.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

12/03/2012 TARGETED CASE MANAGEMENT – TARGET GROUP D

The rate is $635 for 30 days of service. Case management is available for 60 days.

Except as otherwise noted in the plan, payment for these services is based on State-developed fee schedule rates, which are the same for governmental and private providers of case meangement services. The rates are effective for services provided on or after December 3, 2012 and end no later than June 30, 2015. The fee schedule is subject to annual adjustment. All rates, including current and prior rates, are published and maintained on the department's website: http://www.hfs.illinois.gov/reimbursement/

Case management will be billed on a 30-day unit of service. Rates for case management services are computed from the following:

1. The Division of Mental Health services rate model was used for salaries and benefits of the credentialed providers, adjusted for inflation, to derive the hourly rate for the team.
2. 15 hours per month was used as the time spent in the delivery of case mangement services.
3. An adjust ment was made for an estimated 5 hours a month at the hourly rate and a half for case managment services provided during the night at a higher cost.
4. Operational costs were also used from the Division of Mental Health rate model and prorated for the team and the percent of the team members purchased for this service.
5. Supervision was taken from the Department of Mental Health rate model and prorated for the team and the percent of the team members purchased for this service.
6. The Internal Revenue/State of Illinois rate of reimbursement was used for the cost of travel and an assumption of 10 miles per day for two members of the team members every other day.

Qualifying providers will receive up to two payments for each of the two 30 day periods. The first payment will be in the amount of eighty (80) percent of the total 30 day rate. A second payment to make the total payment equal to 100% of the total 30 day rate will be paid if the individual remains stable in the community without psychiatric hospitalization, or without further psychiatric hospitalization following the IMD treatment, for forty-five (45) days after the initial assessment. A federal claim for reimbursement for case management services will be made based on the cliams paid for each unit of service minus 2 hours for any 30 day period the individual was in an IMD.

Illinois will review data from the provider about the cost of delivering the case mangement services, the types of services actually delivered to inidividuals, the total hours of case mangement services provided, the miles traveled, and the night time hours of case management serivces to ensure the monthly case mangement rate continues to be economic and suffient. Illinois will review regular data on the delivery of case management services to ensure that individuals receive the types, quality and intensity of serivces required meet their medical needs. Every twelve months, the department will review data from the providers about the actual delivery of case amangement services to determine if the rates will be rebased.