

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

CASE MANAGEMENT SERVICES

#19

A. Target Group:

All Medicaid eligible persons with a developmental disability as defined in 9 CSR 45-2.010. A developmental disability is a disability which-

1. Is attributable to:
 - a. Mental retardation, cerebral palsy, epilepsy, head injury or autism, or a learning disability related to a brain dysfunction; or
 - b. Any other mental or physical impairment or combination of mental or physical impairments; and
2. Is manifested before the person attains age twenty-two; and
3. Is likely to continue indefinitely, and
4. Results in substantial limitations as defined in 9 CSR 45-2.010(2)(F)(4) in major life activities, and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, habilitation or other services which may be of lifelong or extended duration and are individually planned and coordinated.

The target group excludes residents of a medical institution such as an Intermediate Care Facility for the Mentally Retarded (ICF/MR), unless the resident requires transitional case management in order to move from the institution to services in the community. In such instances, case management may be provided during the last 180 consecutive days prior to discharge from the medical institution.

The target group does not include individuals between ages 22 and 64 who are serviced in Institutions for Mental Disease or individuals who are inmates of public institutions.

B. Areas of the State in which services will be provided:

Entire State.

C. Comparability of Services:

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.

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D. Definition of Services: Case management for developmentally disabled individuals.

Purpose Case management is a system intended to assist eligible individuals in gaining access to needed medical, social, educational, and other services. In order to assist the individual comprehensively, the responsibility for locating, coordinating, and monitoring those services which are needed by each individual is placed with a designated person or organization.

Case management activities include:

1. Assessment of the individual's need for medical, social, educational, and other services.
 - a. Initially determining and documenting an applicant's need for individualized, specialized services for a developmental disability, including case management. Also, informing and otherwise assisting the applicant or others responsible for the applicant during the assessment process.
 - b. Obtaining necessary releases, collecting records, preparing ecological and behavioral assessments, arranging other assessments as needed, and coordinating the overall assessment process to identify the comprehensive array of services and supports needed.
 - c. Facilitating individual service plan (ISP) development and on-going review as a member of the interdisciplinary team. Interpreting the comprehensive assessment and ISP outcomes to the individual and/or responsible others.
 - d. Re-assessments are completed annually at a minimum or more frequently if the individual's needs change.
2. Planning for services.
 - a. From the ISP, developing and writing an individualized service plan which will enable the prioritized outcomes of the ISP to be attained.
 - b. At a minimum, annually reviewing the individualized service plan to ensure it continues to be appropriate to the needs of the individual and effective in achieving the prioritized outcomes of the ISP.
 - c. When needed, as indicated by the client's response to the prioritized outcomes, redesigning the service plan to further promote individualized training and growth or to incorporate new outcomes.

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3. Case Coordination

- a. Locating appropriate service providers and community resources to provide the services specified by the service plan, and coordinating these services with other staff, collateral agencies and providers identified in the Individual Service Plan (ISP).
- b. Meeting with the individual and his/her significant others (the individual's system) on an ongoing basis to plan, promote, assist and assure the implementation of the service plan and to guide and encourage their participation in strategies to address the prioritized outcomes identified in the ISP.
- c. Directly assisting the individual to access the services specified by the service plan, as well as any other services and resources needed to address the habilitation outcomes, including crisis services. Such assistance may include advocating on the individual's behalf and being present with the individual at services and resources when advocacy guidance is necessary to assure the individual's access to and utilization of those services and resources.
- d. Case coordination does not include transporting the individual for any reason.

4. Case Monitoring.

- a. Monitoring service delivery to assure implementation of the service plan and monitoring progress toward outcomes specified in the ISP.
- b. Monitoring service delivery to assure the individual is afforded both his legal and constitutional rights.
- c. In response to negative monitoring findings, intervening with the planning system, individual system, and/or service delivery system to address the problem(s).
- d. Case monitoring is performed at least quarterly. At least one face-to-face contact is required annually, while three of the four quarterly contacts may be by telephone.

5. Case Documentation

- a. Completing necessary documentation on all aspects of case management as it applies to individuals receiving case management, including case openings, assessments, plans, referrals, progress notes, contacts, due process requirements, discharge planning and case closure.

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b. 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.

c. Time spent in case management activities may consist of in-person or other contacts with the individual and all others involved or concerned with his care, compiling and completing necessary planning and other documentation, and travel to and from contacts

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F. Freedom of Choice:

The targeted group consists of eligible individuals who have developmental disabilities. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities receive needed services.

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. Access to Services:

The State assures:

- Case management services will be provided in a manner consistent with the best interest of recipients and 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, the receipt of case management services shall not be conditioned on the receipt of other Medicaid services, nor will the receipt of other Medicaid services be conditioned on receipt of case management services.
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan; and
- For persons transitioning from a qualified medical institution to the community the State assures FFP is only available to community providers and will not be claimed until the individual is discharged from the medical institution and enrolled in community services.

H. Limitations:

Case management does not include the following:

- Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act; The direct delivery of an underlying medical, education, social, or other service to which an eligible individual has been referred;
- Activities integral to the administration of foster care programs; or
- Activities for which third parties are liable to pay.

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I. Payment

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.

J. Case Records

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 services; (iv) The nature, content, units of case management services received and whether the 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.

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- b. Acute psychotic episode in which the individual is responding to the environment in a manner which could place them or others at risk.
- c. Out of control behavior/impulses which seriously impact family and social relationships and/or daily functioning due to a serious psychiatric disorder.
- d. Acute crisis related to a stress disorder, i.e. flashbacks, severe nightmare, night terrors, and/or extreme anxiety which severely impairs daily functioning.

B. Areas of the state in which services will be provided:

Entire state.

C. Comparability of Services:

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: Case management for children who meet the definition of the target group.

Purpose: Case management services are provided for the direct benefit of the eligible individual. Case management will assist eligible children and their families gain access to needed psychiatric, medical, social, educational, vocational and other services necessary to maximize the child's adjustment and functioning within the family and community. Case management will also serve to coordinate the multiple service systems which typically impact the defined target group, thereby reducing stress and confusion for the child and his family and ensuring their receipt of comprehensive and quality care.

Case management activities include:

- 1. Assessment of the child's need for psychiatric treatment and rehabilitation, as well as for other medical, social and educational services and supports. The assessment includes the taking of a client history.

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- a. The case manager initially determines and documents an applicant's needs of individualized mental health treatment and rehabilitation services. Also, he informs and otherwise assists the child's family or others responsible for the child or adolescent during the assessment process.
 - b. The case manager obtains necessary releases, collects records and prepares or arranges for assessments to identify the comprehensive array of services and supports needed.
 - c. The case manager facilitates the assessment process and participates in the subsequent development of an individualized treatment plan (ITP) within his own (mental health) agency.
 - d. Case management activities include linkage and referrals to rehabilitative services.
2. Planning for services.
- d. The case manager initiates and coordinates the individualized service plan (ISP) planning process among all the agencies which will serve or otherwise be involved with the child. From the action steps of the individualized treatment plans (ITPs) of each of these agencies (e.g., school, court, family service agency and mental health agency), the case manager develops an ISP which coordinates each agency's activities and assures continuity of care. The case manager meets with the child/family and other significant individuals in the families support network on an ongoing basis to plan and promote successful implementation of the ISP and to guide and encourage their participation in strategies to attain the outcomes identified in the plan.
 - e. The case manager participates in the interdisciplinary (mental health) team and in the interagency (community service) team to assure ongoing continuity and coordination of service delivery.
 - f. The case manager periodically reassesses the child's status, community functioning, strengths, preferences, needs and progress toward defined outcomes, redesigning the service plan when needed.

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3. Case Coordination

- g. The case manager arranges the implementation of the ISP, linking children and families to services and resources and facilitating communication between care givers.
- h. For children who are planned to be discharged from a psychiatric hospital, the case manager helps implement the discharge plan. He meets with hospital staff and provides the link between the facilities' discharge planners and the community interagency and interdisciplinary teams. The case manager may also, for example, help to ensure that the child has smooth transition on pre-discharge visits to home or school, locate alternative housing and/or make face-to-face arrangements in the community to develop an interlocking crisis response system.
- i. The case manager assists the child and family to access services and resources needed to address the outcomes specified in the ISP, including crisis services.

4. Case Monitoring

- j. The case manager monitors the ISP, the delivery of services and treatment progress and outcomes with child and family participation to determine the assistance and continued appropriateness of services and goals.
- k. The case manager intervenes with the planning system, client system and/or service delivery system to address problems discovered by monitoring.
- l. Monitoring and follow-up activities include 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 either through face-to-face contact or phone contact, to determine whether the following conditions are met:
 - o services are being furnished in accordance with the individual's care plan;
 - o services in the care plan are adequate; and
 - o 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.

5. Case Documentation

The case manager completes necessary documentation on all aspects of case management as it applies to individual clients, including case openings, assessments, plans, referrals, progress notes and contact records.

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Time spent in case management activities may consist of in person or other communication with the child and with all others involved or concerned with his or her care, compiling and completing necessary planning and other documentation and travel to and from contacts and activities related specifically to the client. Records which will be maintained will be: progress notes, ITP with regular updates, tracking documents and discharge summaries.

E. Qualification of Providers:

Case managers will be employed by the Missouri Division of Comprehensive Psychiatric Services (CPS) and by such other agencies as may be designated in the future by the Director of CPS. CPS has designated Community Mental Health Centers (CMHC) to serve as Administrative Agents. Administrative Agents are defined as an agency and its approved designee(s) authorized by CPS as an entry and exit point into the state mental health service delivery system for a geographic service area defined by the Division. Each provider agency shall be enrolled as a Missouri Medicaid provider. All case managers must meet at least the minimum experience and training qualifications for the position of Clinical Casework Assistant I within the Division of Comprehensive Psychiatric Services, which are:

Graduation from an accredited four year college or university with specialization in sociology, psychology, social work or closely related fields and at least one (1) year of full-time equivalent experience in working with children and families.

Case managers must be supervised by individuals who meet at least the following minimum experience and training qualifications:

Graduation from an accredited college or university with a master's degree in social work, psychology, counseling, psychiatric nursing or closely related field who have at least two (2) years of full-time equivalent experience in the treatment and assessment of children.

F. 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.

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1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of medical care under the plan.
- G. Payment for 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.
- 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:

- 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.

- I. 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 services; (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.

- J. 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).

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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 care 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)).

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Case Management activities include:

1. **Assessment of the individual's need for psychiatric treatment and rehabilitation, as well as other medical, social and educational services and supports.**
 - a. **Initially determining and documenting an applicant's need for individualized mental health treatment and rehabilitation services, including case management services. Also, informing and otherwise assisting the applicant or others responsible for the applicant during the assessment process.**
 - b. **Obtaining necessary releases; collecting records; preparing or arranging for and coordinating the development of; assessments to identify the comprehensive array of services supports needed.**
 - c. **Facilitating and participating in individual treatment plan (ITP) development, and ongoing review. The ITP will be revised as necessary and reviewed every 90 days. The ITP addresses all the psychiatric, medical, social, educational needs identified in the assessment.**
 - d. **Interpreting the comprehensive assessment and ITP outcomes to the client and/or responsible others.**
 - e. **Re-assessments are completed annually at a minimum, or more frequently if the individuals needs change.**

2. **Case Coordination**
 - a. **Locating appropriate service providers and community resources to provide the services specified by the ITP and coordinating these services with other staff, collateral agencies and providers identified in the ITP. Case management activities include linkage and referrals to rehabilitative services.**
 - b. **Meeting with the client and his significant others on an ongoing basis to plan, promote, assist and assure the implementation of the ITP and guide and encourage their participation in strategies to address the prioritized outcomes identified in the ITP.**

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- c. Directly assisting the client to access the services specified by the ITP as well as any other services and resources needed to address the treatment and rehabilitation outcomes, including crisis services. Such assistance may include advocating on the client's behalf and being present with the client at services and resources when advocacy, escort or other guidance is necessary to assure the client's access to and utilization of those services and resources.

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Graduation from a accredited four-year college or university with major specialization (24 semester hours) in social work; supplemented by two years of professionally supervised case work experience in clinical social work (one year of additional qualifying experience is required for applicants with specialization in sociology, psychology or closely related fields).

- F. 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 recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of medical care under the plan.
- G. Payment for 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.
- 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:

- 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.

- I. 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 services; (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.

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J. 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 care 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)).

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