

A. **Target Group:**

Adults with Severe Disabling Mental Illness (SDMI)

Targeted Case Management (TCM) services are furnished to assist Medicaid eligible adults with severe disabling mental illness (SDMI) in gaining access to needed medical, social, educational, and other services. Services are provided by a licensed mental health center with a license endorsement permitting the mental health center to provide case management services. An adult with severe disabling mental illness is defined as:

A person who is 18 or more years of age that the person meets the requirements of (4)(a), (b), (c) or (d). The person must also meet the requirements of (4)(e). The person:

- (a) has been involuntarily hospitalized for at least 30 consecutive days because of a mental disorder at Montana State Hospital (Warm Springs campus) at least once;
- (b) has recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt, or a specific plan for committing suicide;
- (c) has a DSM-IV-TR diagnosis of:
 - (i) schizophrenic disorder (295);
 - (ii) other psychotic disorder (293.81, 293.82, 295.40, 295.70, 297.1, 297.3, 298.9);
 - (iii) mood disorder (293.83, 296.22, 296.23, 296.24, 296.32, 296.33, 296.34, 296.40, 296.42, 296.43, 296.44, 296.52, 296.53, 296.54., 296.62, 296.63, 296.64, 296.7, 296.80, 296.89);
 - (iv) amnestic disorder (294.0, 294.8);
 - (v) disorder due to a general medical condition (293.0, 310.1);

- (vi) pervasive developmental disorder not otherwise specified (299.80) when not accompanied by mental retardation; or
- (vii) anxiety disorder (300.01, 300.21, 300.3); or
- (viii) posttraumatic stress disorder (309.81);
- (d) has a DSM-IV-TR diagnosis of personality disorder (301.00, 301.20, 301.22, 301.4, 301.50, 301.6, 301.81, 301.82, 301.83, or 301.90); and
- (e) has ongoing functioning difficulties because of the mental illness for a period of at least six months or for an obviously predictable period over six months, as indicated by at least two of the following:
 - (i) a medical professional with prescriptive authority has determined that medication is necessary to control the symptoms of mental illness;
 - (ii) the person is unable to work in a full-time competitive situation because of mental illness;
 - (iii) the person has been determined to be disabled due to mental illness by the social security administration; or
 - (iv) the person maintains a living arrangement only with ongoing supervision, is homeless, or is at imminent risk of homelessness due to mental illness; or
 - (v) the person has had or will predictably have repeated episodes of decompensation.

Targeted case management services will not be furnished to:

- a. otherwise qualified individuals who reside in a Medicaid- certified IMD, except for the time period required to assist in transition to community services, and

- b. persons who receive case management services under a home and community-based waiver program authorized under Section 1915 (c) of the Social Security Act.

For case management services provided to individuals in medical institutions:
[Olmstead letter #3]

Target group is comprised of individuals transitioning to a community setting and case-management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

X Case management services are coordinated with and do not duplicate activities provided as a part of developmental institutional services and discharge planning activities.

B. Areas of State in which Services will be provided:

Adults with Severe Disabling Mental Illness

- (X) 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).

C. Comparability of Services:

Severe Disabling Mental Illness (SDMI)

- () Services are provided in accordance with section 1902 (a) (10) (B) of the Act.
(X) Services are not comparable in amount, duration, and scope.

D. Definition of Services: [DRA & 2001 SMD]

Severe Disabling Mental Illness (SDMI)

Case management is defined as:

Services that assist individuals eligible under the Medicaid State Plan in gaining access to needed medical, social, educational and other services.

Case Management activities includes the following assistance:

1) Case management services include:

(a) comprehensive assessment and reassessment at least once every 90 days of an eligible individual to determine service needs, including activities that focus on needs identification determination of the need for any medical, educational, social, or other services. These assessment activities include the following:

(i) taking client history;

(ii) identifying the needs of the individual, and completing related documentation;
and

(iii) gathering necessary information from other sources, such as family members, medical providers, social workers, and educators, if necessary, to make a complete assessment of the eligible individual.

(b) development (and periodic revision) of a specific care plan based on the information collected through the assessment that:

(i) specific goals and actions to address the medical, social and educational, and other services needed by the eligible individual;

(ii) 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

(iii) identifies a course of action to respond to the assessed needs of the eligible individual.

(c) referral and related activities (such as making referrals and scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities to help link the individual with medical, social and 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

(d) monitoring and follow-up activities, including activities and contacts to ensure that the care plan is effectively implemented and addresses the needs of the eligible individual. Activity may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and at least once every 90 days, to help determine whether the 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 to meet the needs of the individual;

(iii) there are changes in the needs or status of the eligible individual. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

(2) case management services for adults with severe disabling mental illness are case management services provided by a licensed mental health center in accordance with these rules and the provisions of Title 50, chapter 5, part 2, MCA

(3) Case management may include contacts with noneligible individuals that are directly related to the identification of 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, alerting case managers to changes in the eligible individual's needs, and averting crisis.

(4) "Case management" does not include the:

- Non-Medicaid individuals can receive outreach, application, and referral activities, however, these activities are not allowable as case management services, rather they are an administrative function.
- Direct medical services including counseling or the transportation or escort of consumers;
- Duplicate payments that are made to public agencies or private entities under the State Plan and other program authorities;
- The writing, recording or entering case notes for the consumer's file;
- Coordination of the investigation of any suspected abuse, neglect, and/or exploitation cases;
- Travel to and from client activities; and
- Any service less than 8 minutes duration if it is the only service provided that day and any service that does not incorporate the allowable targeted case management components, even if written into the individualized care plan.

(6) Case management reimbursement requirements include those described in (1) through (5) and the following:

(a) case managers must inform eligible individuals they have the right to refuse case management at the time of eligibility determination and annually thereafter at the time of reassessment; and

(b) providers must document in the case record that the individual has been informed and if the individual has refused services.

Crisis Intervention:

Adults with Severe Disabling Mental Illness (SDMI)

TN No.08-016
Supersedes
TN No. 03-004

Approved Effective 7/01/08

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Targeted case management services for adults with SDMI must be provided by a licensed mental health center. For a mental health center to be licensed, it must provide to its clients crises telephone services.

Mental health centers must document case management plans for adults with SDMI at least every 90 days and must include a crisis response plan.

F. Qualifications of Providers:

Adults with Severe Disabling Mental Illness (SDMI)

Qualified providers are required to be licensed Mental Health Centers with a case management endorsement. Mental Health Centers providing TCM services to adults with SDMI must have a program supervisor and employ case managers who have a bachelor's degree in a human services field with at least one year of full-time experience serving individuals with SDMI. Individuals with other educational background, who have developed the necessary skills, may also be employed as case managers. The mental health center's case management position description must contain equivalency provisions. The availability of case management services may not be made contingent upon a client's willingness to receive other services.

G. Freedom Of Choice:

Adults with Severe Disabling Mental Illness (SDMI)

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.

- Eligible recipients will have free choice of the providers of case management services within the specified geographic area identified in this plan.
- Eligible recipients will have free choice of the providers of other medical care under the plan.

Providers must be licensed by the State of Montana. A mental health center may not condition a client's access to one of its services upon the client's receipt of another services provided by the mental health center.

1. Freedom of Choice:
The State chooses to limit provider choice per section 1915 (g)(1) of the Social Security Act (the Act).
2. Freedom of Choice Exception:
 - X 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.

H. Access to Services:

Adults with Severe Disabling Mental Illness (SDMI)

The State assures that:

- 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; [section 1902 (a)(19)]
- Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services; [section 1902 (a)(19)]
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan. [42 CFR 431.10(e)]

[For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State makes the following assurances:]

The State assures that the amount, duration, and scope of the case management activities would be documented in an individual's plan of care which includes case management activities prior to and post-discharge, to facilitate a successful transition to the community.

The State assures that case management is only provided by and reimbursed to licensed mental health centers.

The State assures that Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.

I. Case Records:

Adults with Severe Disabling Mental Illness (SDMI)

All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

Case management providers must maintain case records that document for all individuals receiving case management services as follows:

- (i) the name of the individual.
- (ii) the dates of the case management services.
- (iii) the name of the provider agency 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:**

Adults with Severe Disabling Mental Illness (SDMI)

Case Management does not include:

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TN No. 03-004

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- Non-Medicaid individuals can receive outreach, application, and referral activities, however, these activities are not allowable as case management services, rather they are an administrative function.
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[Olmstead letter #3]

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- (X) Entire State:
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Crisis Intervention:

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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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H. Access to Services:

Adults with Severe Disabling Mental Illness (SDMI)

The State assures that:

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- 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; [section 1902 (a)(19)]
- Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services; [section 1902 (a)(19)]
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan. [42 CFR 431.10(e)]

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