

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



February 24, 2010

Craigan Gray, MD, MBA, JD
Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal #05-007

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan that was submitted under transmittal number 05-007 and received in the Regional Office on June 29, 2005. This amendment is part of North Carolina's Mental Health Reform. CMS was unable to approve this TCM SPA until the current State Plan for case management services for all target groups came into compliance with the interim rule and the partial rescission rule.

This amendment added the following target group:

- TCM for children and adults with developmental disabilities/delay or traumatic brain injury manifested prior to age 22 or children with special health care needs.

The following target groups were removed:

- TCM for individuals with mental retardation/developmental disability.
- TCM for individuals with developmental disabilities.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 05-007 was approved on February 23, 2010. The effective date of this amendment is April 1, 2005. We are enclosing the approved form HCFA-179 and plan pages.

Dr. Craigan Gray
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If you have any questions or need any further assistance, please contact Cheryl Brimage at (404) 562-7116, Clarence Lewis at (404) 562-7432 or Rita Nimmons at (404) 562-7415.

Sincerely,

/s/

Jackie Glaze
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 05-007	2. STATE NC
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 1, 2005	

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.167

7. FEDERAL BUDGET IMPACT:

- a. FFY **2004-05** \$938,950
b. FFY **2005-06** \$1,934,315
c. FFY **2006-07** \$2,162,505

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Supplement 1 to Attachment 3.1-A Part E, Pages 1, 2, 3, 4, 5 and 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

**Supplement 1 to Attachment 3.1-A Part E, Pages 1, 2, 3, 4, 5, and 6;
Attachment 1 to Supplement 1 of Attachment 3.1-A Part E; and
Attachment 1 (Con't) Part E (5 pages).**

10. SUBJECT OF AMENDMENT:

Targeted Case Management for Mental Retardation and Developmental Delay

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
13. TYPED NAME: Carmen Hooker Odom	
14. TITLE: Secretary	
15. DATE SUBMITTED: 07-29-05	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06-29-05	18. DATE APPROVED: 12-23-10
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04-01-05	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS: Approved with the following changes to items 8 and 9 as authorized by state agency on email dated 02/23/10. Block #8 Supplement 1 to attachment 3.1-A Part 1 pages 1,2,3,4,5 and 6 changed to read Supplement 1 to attachment 3.1-A Part 1 pages 1,2,3, 4,5 and 6; Attachment 1 Supplement 1 of Attachment 3.1-A Part E and Attachment 1 part 1 changed to read; Supplement 1 to Attachment 3.1-A Part E Pages 1-2; Attachment 1 to Supplement 1 of Attachment 3.1-A Part E; Attachment (Con't); Part 1 Page 5	

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

C. Case Management (Persons With HIV Disease).

The agency's rates are set as of July 1, of each year and are effective for services on or after that date. These rates are set equal to the rates established under paragraph B (Adults and Children At-Risk For Abuse, Neglect, or Exploitation) of this section.

Medicaid reimbursement for HIV case management services will be the same per unit rate (one unit equals fifteen minutes) for all providers. Providers will be reimbursed the lower of the fee schedule rate or their usual and customary charge.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1 section of the State Plan.

All rates are published on the agency's website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of targeted case management services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>. The agency fee schedule was set October 1, 2002 and is effective for services provided on or after that date.

Payment methodology for this service will end date on June 30, 2010.

TN No. 05-007
Supersedes
TN No. NEW

Approval Date: 02-23-10

Effective Date: 04/01/2005

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

19. Case Management Services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
- A. Pregnant Women.

Case Management Services (Pregnant Women)

The interim rate was set as of July 1, 2002 and was effective for services on or after that date. The fee-for service rate is the same per unit rate (one unit equals fifteen minutes) for all providers. Providers are reimbursed the lower of the rate or their usual and customary charge. The fee will be set by dividing the cost of an FTE case manager by the caseload size. The fee will be evaluated annually and any overpayments will be recouped in the following year's rate. The state will not pay more than cost.

Governmental providers are paid based on the above rate not to exceed actual costs. Cost Reporting and settlement of Governmental providers occurs through the methodology described in Section 9, page 1 of Attachment 4.19-B of this state plan.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1 section of the State Plan.

Payment methodology for this service will end date on June 30, 2010.

TN No. 05-007
Supersedes
TN No. 05-012

Approval Date: 02-23-10

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State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

B. Adults and Children At-Risk For Abuse, Neglect, or Exploitation.

Medicaid reimbursement for Case Management Services may not exceed cost. The interim per unit rate (One unit = fifteen minutes) will be determined annually by the Division of Medical Assistance. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1 section of the State Plan.

Each local provider must certify the availability of the matching non-federal share of service payments. This certification is required to be available for audit purposes and will be made in accordance with instructions provided by the Division of Social Services.

The interim rate will be subject to final settlement reconciliation with actual cost. Each provider must prepare and submit a report of its costs and other financial information related to reimbursement annually. The report must include costs from a fiscal period beginning on July 1 and ending on June 30 and must be submitted to the Division of Medical Assistance on or before the September 30 that immediately follows the June 30 year end.

This rate is calculated by taking the actual cost from governmental providers and dividing by the actual units spent performing the service.

Units are obtained from case managers' certified weekly time sheets. Cost is allocated through the annual Single County Audit for each governmental provider. Using the cost data from these governmental case managers, the rate gives consideration for case manager related costs for: 1) salary/wages for direct practitioners; 2) employee-related expenses for direct practitioners; 3) indirect expenses; 4) transportation associated with providing the Case Management service; and 5) general and administrative costs.

Payment methodology for this service will end date on June 30, 2010.

TN No. 05-007
Supersedes
TN No. 05-012

Approval Date: 02-23-10

Effective Date: 04/01/2005

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

- C. Case Management: Targeted Case Management services for Children and Adults with Developmental Disabilities/ Delay or Traumatic Brain Injury, Manifested Prior to Age 22 or Children with Special Health Care Needs.

The rate for targeted case management (TCM) was set as of April 1, 2005 and is effective for services on or after that date. Reimbursement for TCM will be on a fee for service basis. This service will be provided by direct enrolled providers. Payment for case management services is based on a 15 minute unit of service.

Rates are established using a cost-modeling approach using budgeted cost data from potential providers of this service and adjusted for the estimated percentage of time available for delivering TCM. The rate gives consideration for TCM-related costs for: 1) salary/wages for direct practitioners; 2) employee-related expenses for direct practitioners; 3) indirect expenses; 4) transportation associated with providing TCM services; and 5) general and administrative costs.

Each TCM practitioner may bill the Medicaid Program no more than twenty-six (26) units of service per day.

Costs associated with the provision of TCM services will continue to be reported as a part of the annual cost reporting required of providers for all mental health services provided subsequent to July 1, 2005, per Section 13 of the state plan, to ensure the rate continues to be reasonable and fair. The rate will not exceed the statewide median or the percentage increase granted by the North Carolina State Legislature.

North Carolina will utilize a fee schedule methodology for targeted case management that is effective April 1, 2005. Unless otherwise noted in the State Plan, all governmental and private providers are paid the same rate that is published on the North Carolina Division of Medical Assistance website.

Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments are published on the NC Division of Medical Assistance Website at <http://www.ncdhhs.gov/dma/fee/fce.htm>.

Payment methodology for this service will end date on June 30, 2010.

TN No. 05-007
Supersedes
TN No. NEW

Approval Date: 02-23-10

Effective Date: 04/01/2005

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

- D. Case Management: Targeted Case Management services for Children and Adults with Developmental Disabilities/ Delay or Traumatic Brain Injury, Manifested Prior to Age 22 or Children with Special Health Care Needs.

North Carolina pays governmental providers actual costs for the provision of targeted case management services. Certified public expenditures are the source of the non-Federal share. Governmental providers are paid an interim rate that is based on historical costs that different than private providers prior to the governmental provider's fiscal year end.

Annually, governmental provider actual costs are reconciled to interim payments through a cost report submitted by the governmental providers. Actual costs are settled for the Federal share based on the state wide average costs.

Payment methodology for this service will end date on June 30, 2010.

TN No. 05-007
Supersedes
TN No. NEW

Approval Date: 02-23-10

Effective Date: 04/01/2005

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

TARGETED CASE MANAGEMENT SERVICES

For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury
Manifested Prior To Age 22 Or Children With Special Health Care Needs

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

This target group includes the individuals below who meet the requirements defined in the Children's Development Service Agencies policy, Child Service Coordination policy or Title 10A of the North Carolina Administrative Code Subchapter 27G Section 5900:

1. Children less than three years of age who are at risk for, or have been diagnosed with, developmental delay/disability, social emotional disorder or a severe chronic illness which would pre-dispose a child to severe chronic illness or developmental delay/disability.
2. Children less than five years of age who have a diagnosed developmental delay, social emotional disorder or severe chronic disease.
3. Adults and children five years of age and older, who are diagnosed with a developmental delay/disability manifested prior to the age of 22, or diagnosed with mental retardation, or who have mental or physical impairments similar to developmental disabilities as the result of a traumatic brain injury manifested after age 22.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 60 consecutive days of a covered stay in a medical institution or up to 180 days for infants in a neo-natal intensive care unit. 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):

- Entire State
 Only in the following geographic areas: [Specify 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.
 Services are not comparable in amount duration and scope (§1915(g)(1)).

TN# 05-007
Supersedes
TN# 89-04

Approval Date: 02-23-10

Effective Date: 04/01/2005

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

TARGETED CASE MANAGEMENT SERVICES

For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury,
Manifested Prior To Age 22 Or Children With Special Health Care Needs

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:

❖ 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;
- 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.

The TCM recipient is assessed on an ongoing basis to determine if additional services or different services might be needed and at least annually as a part of the review of the individualized services plan, referred to as the care plan.

❖ 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.

❖ 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; and

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State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES

For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury,
Manifested Prior To Age 22 Or Children With Special Health Care Needs

- ❖ 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.

Plans are monitored on at least an annual basis or at any time additional services are needed and requested by or for a recipient. The plan will be reviewed and agreed upon by the recipient, recipient parent or legal representative and case manager.

✕ 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)):

Qualifications for Individual Case Managers: Case Managers under this State Plan must meet one of the following qualifications based on the target population being served:

- A. For children less than three years of age who are at risk for, or have been diagnosed with, developmental delay/disability, social emotional disorder or a severe chronic illness which would pre-dispose a child to severe chronic illness or developmental delay/disability.

Provider agencies are certified by the North Carolina Division of Public Health, Early Intervention Branch as having in-depth knowledge, experience and understanding of the special populations of infants and children who are in this defined target population. Qualifications for case managers are established by the Division of Public Health, Early Intervention Branch. They are as follows:

TN# 05-007
Supersedes
TN# 01-01

Approval Date: 02-23-10

Effective Date: 04/01/2005

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

TARGETED CASE MANAGEMENT SERVICES

For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury,
Manifested Prior To Age 22 Or Children With Special Health Care Needs

1. Case managers for an infant or toddler, referred to or enrolled in the Early Intervention Program, shall meet *one* of the following qualifications regarding degree held:
 - Hold a master's degree from an accredited university in a health, education, early childhood, or human services field.
 - Hold a current North Carolina license in nursing, regardless of whether a two, three, or four-year educational program.
 - Be an infant or toddler's case manager who is working with children and families under the supervision of a Case Management Supervisor as defined below to conduct those case management activities that they have been approved to perform.
2. An infant or toddler's case manager must be approved through the certification process of the Division of Public Health Early Intervention Branch for the NC Infant-Toddler Program.
3. A Case Management Supervisor shall meet *one* of the following qualifications regarding degree held:
 - Hold a master's degree from an accredited university in a health, education, early childhood, or human services field; or
 - Hold a bachelor's degree from an accredited university in a health, education, early childhood, or human services field and have a minimum of two years of experience in providing services to infants or toddlers with or at risk for developmental delays.
4. A Case Management Supervisor must be approved through the certification process of the Division of Public Health Early Intervention Branch for the NC Infant-Toddler Program.
5. Certification Process. The Division of Medical Assistance has adopted the Division of Public Health, Infant Toddler Program standards and procedures for certification of each individual case manager. This certification process assures:
 - a. Their capacity to provide case management services.
 - b. Their experience with delivery and/or coordination of services for children and families.

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

TARGETED CASE MANAGEMENT SERVICES

For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury,
Manifested Prior To Age 22 Or Children With Special Health Care Needs

- c. Their capacity to assure quality.
 - d. Their experience in sound financial management and record keeping.
- B. For children less than 5 years of age who have a diagnosed developmental delay, social emotional disorder or chronic physical condition.

Provider agencies are certified by the North Carolina Division of Public Health, Women's and Children's Health Section as having in-depth knowledge, experience and understanding of the special populations of infants and children who are in this defined target population.

1. A provider agency with the appropriate knowledge, experience and understanding of this population of children with special care needs must have a signed agreement that specifies the following:
 - a. Description of target population to be served.
 - b. Overall plan for providing service coordination to families.
 - c. Methods and procedures for sharing information among service agencies and providers to promote appropriate referral linkages and follow-up.
 - d. Agree to meet all program requirements.
 - e. Agree to individual orientation of each case manager and have staff that meets the qualification for case management below.
2. Individual case manager shall meet one of the following criteria:
 - a. A master's degree in a human service area such as social work, sociology, special education, child development, counseling, psychology, or nursing.
 - b. A bachelor's degree in a human service area that includes the aforementioned disciplines. The professional should be licensed or certified as applicable. Two years of experience in working with children and their families is required.
 - c. A registered nurse in North Carolina with two years of experience working with children and their families.
 - d. The experience may be waived if during a probationary period the case manager works under the supervision of a Child Service Coordinator who:
 - i. Have initial and ongoing conferences with the case manager to review, evaluate and assess each element of job performance.
 - ii. Supplements on-the-job training with skill building educational opportunities.

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES

For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury,
Manifested Prior To Age 22 Or Children With Special Health Care Needs

iii. Receives feedback from recipients concerning key elements of job performance.

C. Case managers for adults and children five years of age and older or children in the CAP-MR/DD HCBS waiver, who are diagnosed with a developmental delay/disability manifested prior to the age of 22, or diagnosed with mental retardation, or who have mental or physical impairments similar to developmental disabilities as the result of a traumatic brain injury manifested after age 22 shall meet *one* of the following qualifications regarding degree held:

1. A Licensed clinical social worker; or
2. A Licensed psychologist; or
3. A Master's prepared individual with degree in a human service area with one year of experience in case management with the developmentally disabled; A Master's prepared individual with a degree in a human service field, employed by the agency at the time of enrollment, but who does not have one year of experience with public sector case management must meet this experience criteria within one year; or
4. A Bachelor's prepared individual with degree in a human service area with two years of experience in case management with the developmentally disabled; A college prepared individual with a Baccalaureate degree in a human service area that includes the above disciplines, employed by the agency at the time of enrollment, but does not have two years experience with public sector case management must meet this experience criteria within two years; or
5. Registered nurse currently licensed by the North Carolina Board of Nursing at the time of enrollment with two years experience with public sector case management; Registered nurse currently licensed by the North Carolina Board of Nursing employed at the time of enrollment but does not have two years experience with public sector case management must meet this experience criteria within two years.

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TARGETED CASE MANAGEMENT SERVICES

For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury,
Manifested Prior To Age 22 Or Children With Special Health Care Needs

Qualifications for Agency Providers for adults and children five years of age and older or children in the CAP-MR/DD HCBS waiver, who are diagnosed with a developmental delay/disability manifested prior to the age of 22, or diagnosed with mental retardation, or who have mental or physical impairments similar to developmental disabilities as the result of a traumatic brain injury manifested after age 22 shall meet *one* of the following qualifications regarding degree held.

To provide TCM for persons with Developmental disabilities, provider agencies will include both Local Management Entities (LMEs) and private providers through subcontracting arrangements with LMEs. If Local Management Entities serve as providers, they will be approved by the Division of Mental Health, Developmental Disabilities and Substance Abuse. These provider agencies must have the capacity to assure quality and provide services according to North Carolina laws, policies and regulations.

By July 1, 2010, private providers will be endorsed by the Local Management Entities. Upon provider endorsement, each provider must ensure that each case manager has 20 hours of training relating to case management functions within the first 90 days of hire.

Local Management Entities (LMEs) will monitor the providers of Targeted Case Management Services, for the LME targeted population, per Administrative Rule. Each provider will be assigned a level of confidence, and that level will determine the frequency and extent of monitoring by the LMEs, with providers with high confidence based upon a statewide automated tool being monitored less frequently than providers who score low confidence. Services will be monitored by DHHS audit and monitoring staff to assure compliance with all federal and state requirements.

Agencies providing Targeted Case Management Services for children 0 to 5 years of age in the Public Health System must be certified by the Division of Public Health as qualified to provide case management services to ensure services are delivered in accordance with Federal and State standards. The Division of Public Health will implement methods and procedures to certify all providers for case management that demonstrate that they have the capacity to provide case management services and have the experience with delivery and/or coordination of services for persons meeting the criteria for children eligible for services under this amendment.

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Supersedes
TN# 00-03

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

TARGETED CASE MANAGEMENT SERVICES

For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury,
Manifested Prior To Age 22 Or Children With Special Health Care Needs

EPSDT: The statewide vendor conducts reviews for consumers under the age of 21, when additional services may be requested even if they do not appear in the State Medicaid Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the service is medically necessary. Any denial, reduction, suspension or termination of a service requires notification to the recipient and/or legal guardian about their appeal rights.

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)):

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.

For children less than three years of age who are at risk for, or have been diagnosed with, developmental delay/disability, social emotional disorder or a severe chronic illness which would pre-dispose a child to severe chronic illness or developmental delay/disability OR Children less than five years of age who have a diagnosed developmental delay, social emotional disorder or severe chronic disease, TCM
Provider

Agencies must be certified by the Division of Public Health as meeting both business and service quality criteria.

For all other target populations, Targeted Case Management Provider Agencies must be endorsed by the Local Management Entity by July 1, 2010 as meeting both business and service quality criteria.

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

TARGETED CASE MANAGEMENT SERVICES

For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury,
Manifested Prior To Age 22 Or Children With Special Health Care Needs

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.

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

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES

**For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury,
Manifested Prior To Age 22 Or Children With Special Health Care Needs**

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)).

The State may impose unit limits as approved by the Physician's Advisory Group (PAG) according to Session Law 2003, Section 284 10.19.(bb).

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