

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

Payments for Medical and Remedial Care and Services

Payment for Case Management Services:

SFY 2010 – The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009. Effective October 1, 2009, an overall negative rate adjustment of 9.807% was applied to Case Management rates. There will be no further annual adjustment.

SFY 2011 - As of July 1, 2010, rates will be frozen at the rates in effect on June 30, 2010.

Reference: Attachment 4.19-B, Section 19, Pages 1-2

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

TARGETED CASE MANAGEMENT SERVICES
Pregnant Women

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

The target group includes Pregnant and postpartum women who receive Medicaid and meet the requirements defined in the Maternity Care Coordination policy.

Note: Postpartum is defined as the period of time from the last day of pregnancy through the last day of the month in which the 60th post-delivery day occurs.

 Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ [insert a number; not to exceed 180] consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- 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)).

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;

An initial assessment is conducted to determine the individual's needs. Periodic reassessment is determined by the needs of the individual, but must be conducted at least quarterly, to ensure that any new concerns and/or changes in the status of previous concerns are identified.

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

TARGETED CASE MANAGEMENT SERVICES
Pregnant Women

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
- ❖ Monitoring and follow-up activities:
- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan.Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring and follow up contacts with the individual subsequent to the initial assessment must be conducted at least quarterly, but can be more frequent depending on the needs of the individual. Monitoring activities may be conducted face-to-face, by telephone, or letter.

Monitoring and follow up activities include: a periodic reassessment for new concerns and/or changes in the status previous concerns, corresponding updates to the care plan, review of status of prior referrals and need for additional referrals, and the development of a plan for the next monitoring contact and/or transition to other programs or services.

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

TARGETED CASE MANAGEMENT SERVICES
Pregnant Women

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Case Manager Qualifications:

- a. Registered Nurse (RN) licensed in North Carolina with a minimum of one year of experience working with pregnant women in a public health nursing setting, or
- b. Master of Social Work (MSW) or Bachelor of Social Work (BSW) from an accredited social work degree program, with a minimum of one year of experience working with pregnant women in a health and human services setting, or
- c. Bachelor's degree in a human services field, with a minimum of one year of experience working with pregnant women in a health and human services setting, or
- d. a RN or MSW or BSW supervised by a case manager as defined in (a), (b) or (c) until they meet the one year of experience working with pregnant women, or
- e. A person certified by the Division of Public Health to work under the supervision of a case manager as defined in (a), (b), (c), or (d) with at least a high school diploma or equivalent.

Provider Qualifications:

- a. Must have qualified case manager(s).
- b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must be certified by the Division of Public Health as a qualified case management provider. Enrollment is open to all Medicaid providers who can meet these requirements. In the absence of State licensing laws governing the qualifications and standards of practice for case management services to pregnant women, an agreement will be made with the State agency, Division of Public Health, which has the recognized professional expertise and authority to establish standards that govern case management services for pregnant women. As part of the interagency agreement the Division of Public Health will certify that providers are qualified to render case management services in accordance with professionally recognized standards for good care. The purpose of this activity is to help assure that case management services are provided by professionally qualified providers

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

TARGETED CASE MANAGEMENT SERVICES
Pregnant Women

Certification Process

The Division of Public Health through a Memorandum of Understanding with the Division of Medical Assistance will implement methods and procedures to certify all Medicaid providers for case management to pregnant women who can demonstrate:

- Their capacity to provide case management services.
- Their experience with delivery and/or coordination of services for pregnant women.
- Their capacity to assure quality.
- Their experience in sound financial management and record keeping.

Certification is open to all Medicaid providers who can meet these requirements.

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: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):

The State assures the following:

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

EPSDT: Reviews are conducted 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.

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

TARGETED CASE MANAGEMENT SERVICES
Pregnant Women

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.

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

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

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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

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

TARGETED CASE MANAGEMENT SERVICES

ADULTS AND CHILDREN AT-RISK OF ABUSE, NEGLECT, OR EXPLOITATION

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

The target group includes Medicaid recipients who are assessed as at-risk of abuse, neglect, or exploitation as defined in North Carolina General Statutes 7B-101 and 108A-101 *and who meet requirements defined in the At Risk Case Management policy.*

The recipient cannot be institutionalized nor a recipient of other Medicaid-reimbursed case management services provided through the State's home and community-based services waivers or the State Plan. The at risk case manager assesses risk using a State prescribed format. The criteria for determining whether an adult or child is at risk of abuse, neglect, or exploitation is as follows:

1. At-Risk Adult: An at-risk adult is an individual who is at least 18 years old, or an emancipated minor, and meets one or more of the following criteria:
 - a. An individual with only one consistent identified caregiver, who needs personal assistance 24 hours per day with two or more of the activities of daily living (bathing, dressing, grooming, toileting, transferring, ambulating, eating, communicating); or
 - b. An individual with no consistent identified caregiver, who is unable to perform at least one of the activities of daily living (bathing, dressing, grooming, toileting, transferring, ambulating, eating, communicating); or
 - c. An individual with no consistent identified caregiver, who is unable to carry out instrumental activities of daily living (managing financial affairs, shopping, housekeeping, laundry, meal preparation, using transportation, using a telephone, reading, writing); or
 - d. An individual who was previously abused, neglected or exploited, and the conditions leading to the previous incident continue to exist; or
 - e. An individual who is being abused, neglected, or exploited and the need for protective services is substantiated.

2. At-Risk Child: An at-risk child is an individual under 18 years of age who meets one or more of the following criteria:
 - a. A child with a chronic or severe physical or mental condition whose parent(s) or caretaker(s) are unable or unwilling to meet the child's care needs or whose adoptive parents needs assistance in order to meet the child's care needs; or

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

TARGETED CASE MANAGEMENT SERVICES

ADULTS AND CHILDREN AT-RISK OF ABUSE, NEGLECT, OR EXPLOITATION

- b. A child whose parents are mentally or physically impaired to the extent that there is a need for assistance with maintaining family stability and preventing or remedying problems which may result in abuse or neglect of the child; or
- c. A child of adolescent (under age 18) parents or parents who has their first child when either parent was an adolescent and there is a need for assistance with maintaining family stability, strengthening individual support systems, and preventing or remedying problems which may result in abuse or neglect of the child; or
- d. A child who was previously abused or neglected, and the conditions leading to the previous incident continue to exist; or
- e. A child who is being abused or neglected and the need for protective services is substantiated.

___ The target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ [insert a number; not to exceed 180] consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- 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)).

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;

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

TARGETED CASE MANAGEMENT SERVICES

ADULTS AND CHILDREN AT-RISK OF ABUSE, NEGLECT, OR EXPLOITATION

- 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;

An initial assessment is conducted to determine the individual's need for medical, education, social, and other services. The continuing appropriateness of providing At Risk Case Management Services is assessed during quarterly reviews of the service plan. Reassessments are completed annually which include performing a new assessment and creating a new service 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
- ❖ 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.

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

TARGETED CASE MANAGEMENT SERVICES

ADULTS AND CHILDREN AT-RISK OF ABUSE, NEGLECT, OR EXPLOITATION

- Follow up visits are conducted quarterly unless there is a change in the individual's condition. These contacts with the individual subsequent to the initial assessment must be one-on-one, face-to-face visits. It is necessary to contact the individual at least quarterly to ensure that there are not any new concerns or changes in the status of previously identified concerns. In addition, these contacts are necessary to ensure that the care plan is effectively implemented and is consistent with quality of care.

X At risk 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)):

1. Provider Qualifications

Providers must meet the following qualifications:

- Meet applicable State and Federal laws governing the participation of providers in the Medicaid Program.
- Be certified by the Division of Aging and Adult Services as a qualified At Risk Case Management Provider.

2. Certification Process

In the absence of State licensure laws governing the qualifications and standards of practice of providers of case management services for at-risk adults and children, the State Division of Medical Assistance and the State Division of Social Services and the State Division of Aging and Adult Services have a Memorandum of Understanding to provide a certification process. The State Division of Aging and Adult Services agrees to implement methods and procedures for certifying providers of At Risk Case Management services as qualified to render services according to professionally recognized standards for quality care. This will help assure that case management services are provided by qualified providers

To be certified as an At Risk Case Manager, a provider must:

- Have qualified case managers with supervision provided by a supervisor who meets State requirements for Social Work Supervisor I or Social Work Supervisor II classification.

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

TARGETED CASE MANAGEMENT SERVICES

ADULTS AND CHILDREN AT-RISK OF ABUSE, NEGLECT, OR EXPLOITATION

- Case Manager for At-Risk Adults: A case manager for at-risk adults must have a Master of Social Work degree or a Bachelor of Social Work degree, or be a social worker who meets State Requirements for Social Worker II classification. The individual must have training in recognizing risk factors related to abuse, neglect, or exploitation of elderly or disabled adults and in assessment of functional capacity and needs related to activities of daily living. The individual must have experience in providing case management for elderly and disabled adults.
- Case Manager for At-Risk Children: A case manager for at-risk children must have a Master of Social Work degree or a Bachelor of Social Work degree, or be a social worker who meets State requirements for Social Worker II classification. The individual must also have training in recognizing risk factors related to abuse or neglect of children and in assessing family functioning. The individual must have experience in providing case management for children and their families.
- Have the capability to access multi-disciplinary staff, when needed. For adults this includes, at a minimum, medical professionals as needed and an adult protective services social worker. For children, this includes, at a minimum, medical professionals as needed and a child protective services social worker.
- Have experience as a legal guardian of persons and property.

Freedom of choice (42 CFR 441.18(a)(1):

The State assures that the provision of at risk 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)):

____ This target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of targeted case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]

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

TARGETED CASE MANAGEMENT SERVICES

ADULTS AND CHILDREN AT-RISK OF ABUSE, NEGLECT, OR EXPLOITATION

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.

EPSDT: Reviews are conducted 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.

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

Payment for case management or at risk 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 at risk 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 at risk case management service; (iv) The nature, content, units of the at risk 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:

At risk 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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TARGETED CASE MANAGEMENT SERVICES

ADULTS AND CHILDREN AT-RISK OF ABUSE, NEGLECT, OR EXPLOITATION

At risk case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the at risk 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 At risk 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))

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