

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

TARGETED CASE MANAGEMENT SERVICES
[Individuals with Mental Illness/Substance Use Disorders]

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

In order to receive services, the individual must meet the defined entrance criteria.

1. (For recipients age 3 through 20): Has a serious emotional disturbance or substance use disorder.
2. (For recipients 21 and older) Has a severe and persistent mental illness or a substance use disorder.

X 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. Reimbursement is made to community case management providers rather than the medical institution, for these activities. 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
X Only in the following geographic areas: Recipients included in the 1915(b) North Carolina MH/DD/SA Health Plan will be excluded. They will receive coordination of services under 42 CFR 438.208.

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X 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;

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 Person Centered Plan.

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In situations where more than one recipient within a family qualifies for MH/SA Targeted Case Management and the family has chosen the same CABHA, that CABHA shall assign the same case manager to serve each recipient in the family only as long as that case manager has the required qualifications to serve both populations and is clinically appropriate.

The following are not billable under this service:

- Transportation time
- Transportation services
- Any treatment interventions (for example, habilitation or rehabilitation activities)
- Any social or recreational activities (or the supervision thereof)
- Clinical and administrative supervision of staff, including team meetings
- Writing assessment reports, Person Centered Plans, or service notes
- Service record reviews

Service delivery to individuals other than the recipient(s) may be covered only when the activity is directed exclusively toward the benefit of the recipient(s).

Case Management services can be provided for two weeks during the same authorization period as the following services for transition purposes: Intensive In-Home Services, Community Support Team, Assertive Community Treatment Team, Multisystemic Therapy, Child and Adolescent Day Treatment, Substance Abuse Intensive Outpatient Program, Substance Abuse Comprehensive Outpatient Treatment, or Substance Abuse Non-Medical Community Residential Treatment.

Medicaid recipients receiving MH/SA case management may not receive other Medicaid-reimbursable case management services during the same period, including but not limited to the following:

- Community Alternatives Program (CAP), including CAP for Disabled Adults (CAP/DA), CAP for Children (CAP/C), CAP for Individuals with Mental Retardation or Developmental Disabilities (CAP/MR-DD) or CAP Choice.
- Targeted Case Management for Individuals with Mental Retardation/Developmental Disabilities (MR/DD)

Service is limited to one unit per week.