

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>08-006</b>	2. STATE <b>North Dakota</b>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <del>March 3, 2008</del> <b>July 1, 2011</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>CMS 2237 IFC</b>		7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ <u>-0-</u> b. FFY _____ \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Supplement 2 to Attachment 3.1-A, Pages 1-8 Supplement 2 to Attachment 3.1-B, Pages 1-8</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Supplement 2 of Attachment 3.1-A Supplement 2 of Attachment 3.1-B</b>	
10. SUBJECT OF AMENDMENT: <b>Amend the Targeted Case Management for pregnant women and infants State Plan to reflect the new requirements described in CMS 2237 IFC.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>delegated to Maggie Anderson, Director, Medical Services Division</u> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: <b>Maggie D. Anderson</b>		<b>Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
14. TITLE: <b>Director, Division of Medical Services</b>			
15. DATE SUBMITTED: <b>June 30, 2008</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>6/30/08</b>		18. DATE APPROVED: <b>9/6/11</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>7/1/11</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Patrice C. Horton</b>		22. TITLE: <b>Acting AEA, DMCHD</b>	
23. REMARKS:			

33. For Targeted Case Management Services for Pregnant women and Infants, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in 15 minute increments. Except as otherwise noted in the plan, the state developed fee schedule rates are the same for both governmental and private providers of case management for pregnant women and infants. The fee schedule and any annual/periodic adjustments to the fee schedule are published on <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html> . The agency's fee schedule rate was set as of July 1, 2009 and is effective for services provided on or after that date. All rates are published on the agency's website.

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

**TARGETED CASE MANAGEMENT SERVICES  
 FOR PREGNANT WOMEN AND INFANTS**

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

The criteria for the Target Group for Targeted Case Management Services for Pregnant Women and Infants are:

1. Be Medicaid eligible;
2. Determined to be pregnant by medical personnel, a public health agency, or a home pregnancy test. Pregnancy must be medically confirmed for all eligibility determinations made during pregnancy; and must meet any of the following at risk criteria:
  - a. Is age 17 or younger at the time of the assessment;
  - b. Is age 40 or older at the time of the assessment;
  - c. Uses any alcohol during current pregnancy. A woman would qualify as a high-risk pregnant woman if she consumed any alcohol during pregnancy
  - d. Uses cocaine, marijuana, methamphetamine, heroin, or street drugs.
  - e. Previous preterm delivery or low birth weight;
  - f. Last birth within one year;
  - g. Multi-fetal gestation - more than one fetus in current pregnancy;
  - h. Uses tobacco products to an extent that could result in harm to the fetus (10 or more cigarettes per day);
  - i. Is developmentally disabled;
  - j. Has a medical condition such as diabetes, AIDS, HIV, or heart condition/high blood pressure. A woman would qualify as a high risk of a problem pregnancy if a medical practitioner has certified that a particular medical condition could result in a problem pregnancy.
  - k. Is currently being treated for a serious psychiatric diagnosis or is currently on any psychotropic drugs. A woman would qualify for high risk if she is being actively treated for a psychosis diagnosis or for moderate or severe depression.
3. Women may also qualify for targeted case management services if any three of the following factors are present:
  - a. Has a history of counseling for an emotional disorder;
  - b. Has a history of use of psychotropic medications;
  - c. Has had a previous problem pregnancy;
  - d. Has a family history of genetic disorders that could be passed on to the child;
  - e. Is currently homeless or has had three different living situations during the current pregnancy;

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SEP 10 2011

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State Plan under Title XIX of the Social Security Act  
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FOR PREGNANT WOMEN AND INFANTS**

- f. Has experienced family violence including spousal abuse, child abuse and neglect or sexual abuse;
  - g. Has been a victim of sexual assault within the last two years;
  - h. Is isolated from normal support systems;
  - i. Has not initiated prenatal care and pregnancy is past the first trimester;
  - j. Has not graduated from high school or received her GED;
  - k. Has two or more children under the age of 5;
  - l. First pregnancy;
  - m. Is smoking between 3 and 9 cigarettes per day;
4. For continuing services after the birth of the child must be living with and providing the primary support system for her infant. Eligibility for the program ends the first month following the month in which an infant reaches 6 months of age.
- 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. 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.

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

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**TARGETED CASE MANAGEMENT SERVICES  
FOR PREGNANT WOMEN AND INFANTS**

- 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;

Assessments for TCM for High Risk Pregnant Women are allowed once per pregnancy.

- ❖ 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 such as making referrals to providers and scheduling appointments for the individual.
- ❖ 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.

Case monitoring consists of regular contacts between the case manager and the recipient to assist with meetings the goals outlined in the case plan. Monitoring also includes the identification and resolution of daily

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**TARGETED CASE MANAGEMENT SERVICES  
FOR PREGNANT WOMEN AND INFANTS**

problems and ongoing assessment of the case plan to determine if the services are meeting the needs of the recipient. The ultimate goal of the targeted case management services for pregnant women is a positive birth outcome and healthy start for the infant.

Case Monitoring should be conducted at a minimum of monthly and must include two face-to-face contacts in the recipient's residence during pregnancy.

- 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))

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

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

In order to meet the above needs **two separate categories** of providers are available to at risk pregnant women.

**Providers serving Native American women:**

1. Have appropriate staff and programs to meet the cultural needs of Native American at risk pregnant women.
2. Demonstrate that they possess the necessary cultural sensitivity and background knowledge that is specific to the particular geographic area proposed by the provider.
3. Have at least six months experience in delivering services in a community or home setting to high risk pregnant women.
4. Demonstrate the ability to coordinate prenatal care services for clients, develop relationships with health care and other area agencies in the particular geographical area they are serving, demonstrate experience in assessing the needs of pregnant women and developing case management plans based on the needs of clients and must demonstrate ability to evaluate an at risk pregnant

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State Plan under Title XIX of the Social Security Act  
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**TARGETED CASE MANAGEMENT SERVICES  
FOR PREGNANT WOMEN AND INFANTS**

woman's progress in obtaining appropriate medical care and other needed services.

5. Ensure that individuals with a bachelor's degree in social work, nursing, or education and at least three years of experience in service delivery provide staff supervision and oversight to case managers.
6. Have in place a training process that will ensure that staff have adequate knowledge relating to high-risk pregnancy, parenting and other important issues.
7. Demonstrate the ability to provide 24 hour, 7 day a week crisis services to eligible clients who are in need of emergency case management services.

Qualifications of individuals performing case management services for **Native American women** are:

1. An individual with a master's degree in social work.
2. A licensed social worker with at least a bachelor's degree in social work and at least six months of case management experience.
3. A Registered Nurse licensed in accordance with the North Dakota Nurse Practice Act.
4. A Licensed Practical Nurse licensed in accordance with the North Dakota Nurse Practice Act and has at least six months of case management experience.
5. A health educator with at least a bachelor's degree and at least six months of case management experience.
6. A case management implementer with at least a high school diploma and at least six months of case management.
7. Licensed Registered Dietitians or Licensed Nutritionists, Licensed by the North Dakota Board of Dietetics Practice.

**Second Category of Providers serving the General Population:**

Generic Qualifications for providers serving the general population of at risk pregnant women;

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State Plan under Title XIX of the Social Security Act  
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**TARGETED CASE MANAGEMENT SERVICES  
FOR PREGNANT WOMEN AND INFANTS**

Case Managers for pregnant women and their infants up to 6 months of age is limited to providers who:

1. Have at least six months experience in delivering services in a community or home setting.
2. Demonstrate the ability to coordinate prenatal care services for clients, develop relationships with health care and other area agencies in the particular geographical area they are serving, demonstrate experience in assessing the needs of pregnant women and developing case management plans based on the needs of clients and must demonstrate ability to evaluate an at risk pregnant woman's progress in obtaining appropriate medical care and other needed services.
3. Ensure case management staff supervisors have a minimum of a degree in social work, nursing, education, and have at least three years experience in service delivery and supervision.
4. Have in place a training process that will ensure that staff have adequate knowledge relating to high-risk pregnancy, parenting and other important issues.
5. Demonstrate the ability to provide 24 hour, 7 day a week crisis services to eligible clients who are in need of emergency case management services.

Qualifications of individuals performing case management services for this category are:

1. An individual with a master's degree in social work.
2. An individual who is a licensed social worker with at least six months of case management experience.
3. A registered nurse licensed in accordance with the North Dakota Nurse Practice Act.
4. A licensed practical nurse licensed in accordance with the North Dakota Nurse Practice Act and has at least six months of case management experience.
5. A health educator with at least a bachelor's degree and at least six months of case management experience.
6. Licensed Registered Dietitians or Licensed Nutritionists, Licensed by the North Dakota Board of Dietetics Practice.

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State Plan under Title XIX of the Social Security Act  
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**TARGETED CASE MANAGEMENT SERVICES  
FOR PREGNANT WOMEN AND INFANTS**

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:

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.

*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.

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**TARGETED CASE MANAGEMENT SERVICES  
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- The State assures that case management is only provided by and reimbursed to community case management providers.
- 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.

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 management providers are paid on a unit-of-service basis that does not exceed 15 minutes. A detailed description of the reimbursement methodology identifying the data used to develop the rate is included in Attachment 4.19-B.

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;

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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))

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1. Be Medicaid eligible;
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  - h. Uses tobacco products to an extent that could result in harm to the fetus (10 or more cigarettes per day);
  - i. Is developmentally disabled;
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  - k. Is currently being treated for a serious psychiatric diagnosis or is currently on any psychotropic drugs. A woman would qualify for high risk if she is being actively treated for a psychosis diagnosis or for moderate or severe depression.
3. Women may also qualify for targeted case management services if any three of the following factors are present:
  - a. Has a history of counseling for an emotional disorder;
  - b. Has a history of use of psychotropic medications;
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  - d. Has a family history of genetic disorders that could be passed on to the child;
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- f. Has experienced family violence including spousal abuse, child abuse and neglect or sexual abuse;
  - g. Has been a victim of sexual assault within the last two years;
  - h. Is isolated from normal support systems;
  - i. Has not initiated prenatal care and pregnancy is past the first trimester;
  - j. Has not graduated from high school or received her GED;
  - k. Has two or more children under the age of 5;
  - l. First pregnancy;
  - m. Is smoking between 3 and 9 cigarettes per day;
4. For continuing services after the birth of the child must be living with and providing the primary support system for her infant. Eligibility for the program ends the first month following the month in which an infant reaches 6 months of age.

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. 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.

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))

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- 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;

Assessments for TCM for High Risk Pregnant Women are allowed once per pregnancy.

- ❖ 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 such as making referrals to providers and scheduling appointments for the individual.
- ❖ 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.

Case monitoring consists of regular contacts between the case manager and the recipient to assist with meetings the goals outlined in the case plan. Monitoring also includes the identification and resolution of daily

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problems and ongoing assessment of the case plan to determine if the services are meeting the needs of the recipient. The ultimate goal of the targeted case management services for pregnant women is a positive birth outcome and healthy start for the infant.

Case Monitoring should be conducted at a minimum of monthly and must include two face-to-face contacts in the recipient's residence during pregnancy.

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))

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

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

In order to meet the above needs **two separate categories** of providers are available to at risk pregnant women.

**Providers serving Native American women:**

1. Have appropriate staff and programs to meet the cultural needs of Native American at risk pregnant women.
2. Demonstrate that they possess the necessary cultural sensitivity and background knowledge that is specific to the particular geographic area proposed by the provider.
3. Have at least six months experience in delivering services in a community or home setting to high risk pregnant women.
4. Demonstrate the ability to coordinate prenatal care services for clients, develop relationships with health care and other area agencies in the particular geographical area they are serving, demonstrate experience in assessing the needs of pregnant women and developing case management plans based on the needs of clients and must demonstrate ability to evaluate an at risk pregnant

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woman's progress in obtaining appropriate medical care and other needed services.

5. Ensure that individuals with a bachelor's degree in social work, nursing, or education and at least three years of experience in service delivery provide staff supervision and oversight to case managers.
6. Have in place a training process that will ensure that staff have adequate knowledge relating to high-risk pregnancy, parenting and other important issues.
7. Demonstrate the ability to provide 24 hour, 7 day a week crisis services to eligible clients who are in need of emergency case management services.

Qualifications of individuals performing case management services for **Native American women** are:

1. An individual with a master's degree in social work.
2. A licensed social worker with at least a bachelor's degree in social work and at least six months of case management experience.
3. A Registered Nurse licensed in accordance with the North Dakota Nurse Practice Act.
4. A Licensed Practical Nurse licensed in accordance with the North Dakota Nurse Practice Act and has at least six months of case management experience.
5. A health educator with at least a bachelor's degree and at least six months of case management experience.
6. A case management implementer with at least a high school diploma and at least six months of case management.
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**Second Category of Providers serving the General Population:**

Generic Qualifications for providers serving the general population of at risk pregnant women;

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**TARGETED CASE MANAGEMENT SERVICES  
FOR PREGNANT WOMEN AND INFANTS**

Case Managers for pregnant women and their infants up to 6 months of age is limited to providers who:

1. Have at least six months experience in delivering services in a community or home setting.
2. Demonstrate the ability to coordinate prenatal care services for clients, develop relationships with health care and other area agencies in the particular geographical area they are serving, demonstrate experience in assessing the needs of pregnant women and developing case management plans based on the needs of clients and must demonstrate ability to evaluate an at risk pregnant woman's progress in obtaining appropriate medical care and other needed services.
3. Ensure case management staff supervisors have a minimum of a degree in social work, nursing, education, and have at least three years experience in service delivery and supervision.
4. Have in place a training process that will ensure that staff have adequate knowledge relating to high-risk pregnancy, parenting and other important issues.
5. Demonstrate the ability to provide 24 hour, 7 day a week crisis services to eligible clients who are in need of emergency case management services.

Qualifications of individuals performing case management services for this category are:

1. An individual with a master's degree in social work.
2. An individual who is a licensed social worker with at least six months of case management experience.
3. A registered nurse licensed in accordance with the North Dakota Nurse Practice Act.
4. A licensed practical nurse licensed in accordance with the North Dakota Nurse Practice Act and has at least six months of case management experience.
5. A health educator with at least a bachelor's degree and at least six months of case management experience.
6. Licensed Registered Dietitians or Licensed Nutritionists, Licensed by the North Dakota Board of Dietetics Practice.

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7. Licensed Registered Dietitians or Licensed Nutritionists, Licensed by the North Dakota Board of Dietetics Practice.

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:

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.

*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:*

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- 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 community case management providers.
- 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.

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 management providers are paid on a unit-of-service basis that does not exceed 15 minutes. A detailed description of the reimbursement methodology identifying the data used to develop the rate is included in Attachment 4.19-B.

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

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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))

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