

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

TARGETED CASE MANAGEMENT SERVICES
Medicaid-eligible individuals eligible for and participating in
Ohio's Help Me Grow Home Visiting Program

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

[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

The target group is Medicaid-eligible first-time parents of an infant under the age of six months at the time of referral with a family income not in excess of two hundred per cent of the federal poverty level (FPL); Expectant, first-time parents with a family income not in excess of two hundred per cent of FPL; Infants and toddlers under the age of three years at the time of referral who are the victims of a substantiated case of child abuse or neglect; Infants and toddlers under the age of three years at the time of referral who have at least one parent engaged in active military duty.

- Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 *[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:

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

TARGETED CASE MANAGEMENT SERVICES
Medicaid-eligible individuals eligible for and participating in
Ohio's Help Me Grow Home Visiting Program

- ❖ 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.

[Specify and justify the frequency of assessments.]

Home Visitors (the individuals delivering targeted case management for Ohio's Help Me Grow Home Visiting Program) assess and periodically reassess the individual's need for medical, educational, social or other services through the use of research-based assessment tools to identify health risks and to measure physical, social, and emotional development. Assessment and reassessment results in the initial development or revision of the individual's care plan.

Ohio's Help Me Grow Home Visiting Program includes assessment or periodic reassessment of the individual's needs as a component of home visits scheduled through the duration of the individual's participation in the Program.

Home visits are scheduled at various frequencies throughout the period that the individual participates in Ohio's Help Me Grow Home Visiting Program. Upon initial enrollment in the Program, at least four weekly prenatal home visits are offered. After the initial four visits are completed, semi-monthly visits are offered until the baby is born.

After the baby is born, at least four weekly postpartum home visits are offered, followed by semi-monthly home visits until the baby is six months old. Home visits are offered at least monthly after the baby turns six months old.

- ❖ 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;

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

TARGETED CASE MANAGEMENT SERVICES
Medicaid-eligible individuals eligible for and participating in
Ohio's Help Me Grow Home Visiting Program

- 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.

[Specify the type of monitoring and justify the frequency of monitoring.]

Home Visitors review the implementation of each individual's care plan with the individual, family members, service providers, or other entities or individuals through at least monthly contacts. Home Visitors document updates or changes to the individual's care plan accordingly, at least every six months.

The frequency of home visits for monitoring and follow-up activities is derived from the evidence-based research on the following four successful home visiting models: (1) The Nurse-Family Partnership; (2) Healthy Families America; (3) Parents As Teachers; and (4) Partners for a Healthy Baby.

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

TARGETED CASE MANAGEMENT SERVICES
Medicaid-eligible individuals eligible for and participating in
Ohio's Help Me Grow Home Visiting Program

- 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 manager 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)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Provider agencies must be approved by the Ohio Department of Health as having the ability to provide and monitor services. Provider agencies must employ or contract with individuals who meet the Home Visitor credentialing standards of Ohio's Help Me Grow Home Visiting Program. In addition, provider agencies must have signed Ohio Medicaid Provider Agreements with the single State Medicaid Agency.

Home Visitors (the individuals delivering targeted case management for Ohio's Help Me Grow Home Visiting Program) must, at a minimum:

1. Have completed (and can provide documentation of) at least an Associate's degree from a Council on Higher Education (CHEA) accredited college or university in a major field of study related to early childhood;
2. Obtain initial ODH credential (initial credential requires minimum education, attending training in-service sessions, and completing a personal profile with validated proof of completion through documentation on the Ohio Professional Development Network Registry, a statewide training registry); and
3. Maintain credential without lapse, meet the ODH home visitor credential renewal requirements every two calendar years by demonstrating (and showing proof of completion through documentation) 20 hours of continuing education related to the Home Visitor role or target population of Ohio's Help Me Grow Home Visiting Program as approved by the regulatory and licensure agencies or Ohio's Help Me Grow Home Visiting program and verification of training hours through the Ohio Professional Development Network Registry.

TN No. 10-011
Supersedes
TN No. NEW

Approval Date MAR - 9 2012
Effective Date 7/01/2012

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

TARGETED CASE MANAGEMENT SERVICES
Medicaid-eligible individuals eligible for and participating in
Ohio's Help Me Grow Home Visiting Program

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 the 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.

Payment (42CFR 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 the same purpose.

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

Providers maintain case records that document for all individuals receiving case management as follows:

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

TARGETED CASE MANAGEMENT SERVICES
Medicaid-eligible individuals eligible for and participating in
Ohio's Help Me Grow Home Visiting Program

- (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))

[Specify any additional limitations.]:

A unit of service is equivalent to a quarter hour (fifteen minutes). Up to 232 units of this service may be provided to an individual in one year.

TN No. 10-011
Supersedes
TN No. NEW

Approval Date MAR - 9 2012
Effective Date 7/01/2012

19. Case management services and Tuberculosis related services.
- a. Methods and standards for payment/reimbursement of case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A Target Group E: HMG-HV Help Me Grow Home Visiting Program (in accordance with Section 1905(a)(19) of Section 1915(g) of the Act).

Rate(s):

The rates of \$11.50 and \$13.50 per quarter hour were derived by using data collected for a salary survey referenced in the Ohio Department of Health, Help Me Grow, Cost Survey, June 2010. The reported survey costs for the early childhood educator/specialist and service coordinator were averaged to determine the \$11.50 rate, and the reported survey costs for the licensed nurse and licensed social worker were averaged to determine the \$13.50 rate. The rates were adjusted for fringe benefits, productivity assumptions, an administrative percentage and travel costs to determine a base rate which was then inflated for year 2011.

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 provided to Medicaid-eligible expectant first time parents, first time parents, infants, and toddlers under the age of three years who are enrolled and participating in Ohio's Help Me Grow Home Visiting Program. The proposed effective date for the fee schedule reimbursement rates is 7/1/2012 and would be effective for services provided on or after that date.

The number of units that may be billed during a day is equivalent to the total number of minutes of TCM provided during the day for a specific individual divided by fifteen plus one additional unit if the remaining number of minutes is at least eight minutes.

Unit Definition:

A unit of service is equivalent to a quarter hour (fifteen minutes). Up to 232 units of this service may be provided to an individual over one year.

A fifteen minute unit may be billed if the individual receives more than 8 minutes of service.