

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

**TARGETED CASE MANAGEMENT SERVICES
Individuals who have contracted AIDS (Acquired Immune Deficiency Syndrome) or
symptomatic HIV (Human Immune-Deficiency Virus)**

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

The target group consists of categorically needy and medically needy clients who have contracted:

1. AIDS (Acquired Immune Deficiency Syndrome) or symptomatic HIV (Human Immune-Deficiency Virus)

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ 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; and
 - monthly assessments of effectiveness and need for services due to changes in the individual's medical condition.
- ❖ 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;

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- 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.
 - Initial contact with the recipient or recipient's representative within 30 days with follow-up meetings at least every six months due to changes in medical condition and related service needs.

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)):

Minimum Case Manager Qualifications.

1. Registered Nurse licensed in Pennsylvania with a minimum of 1 year case management experience, combination of 12 semester hours of psychology, sociology, and other social welfare courses, 1 year experience working with medically ill patients and documented case management training.

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1. Master's of Social Work/Master's of Social Science with a minimum of 1 year case management experience, and documented case management training.
2. Bachelor's of Social Work/Bachelor's of Social Science with a minimum of 1 year case management experience, and documented case management training.
3. Master's of Science in Nursing/or equivalent Master's Nursing degree with a minimum of 1 year case management experience, and documented case management training.
4. Bachelor's of Science in Nursing/or equivalent nursing degree with a minimum of 1 year case management experience, and documented case management training.

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.

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.

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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 §440.169 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 §440.169 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))

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

TARGETED CASE MANAGEMENT SERVICES FOR PERSONS WITH AIDS OR HIV

Reimbursement for case management services shall be on a fee-for-service basis.

The rate will be established by the Department.

The unit of service shall be a quarter hour segment.

The agency's fee schedule rate is effective July 1, 2012, for services provided on or after that date. All rates are published on the agency's website at:

<http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/outpatientfeeschedulesearch/index.htm>. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners.

A description of the providers' qualifications can be found at Supplement 4 to Attachment 3.1-A, Page 2.

TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN UNDER AGE THREE WITH A DEVELOPMENTAL DELAY

Reimbursement for case management services shall be on a fee-for-service basis.

The rate will be established by the Department.

The unit of service shall be a quarter hour segment.

The agency's fee schedule rate is effective July 1, 2012, for services provided on or after that date. All rates are published on the agency's website at:

<http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm>. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners.

A description of the providers' qualifications can be found at Supplement 5 to Attachment 3.1-A, Page 3.

TARGETED CASE MANAGEMENT SERVICES FOR PERSONS WITH SICKLE CELL ANEMIA OR RELATED HEMOGLOBINOPATHIES

[Reserved]

