

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

§ 11. Case Management for Early Intervention (Part C). (12 VAC 30-50-415)

A. Target group (42 CFR §§ 441.18(8)(i) and 441.18(9):

1. Medicaid eligible children from birth up to age three years who have (i) a 25% developmental delay in one or more areas of development, (ii) atypical development, or (iii) a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay who participate in the early intervention services system described in Chapter 53 (§ 2.2-5300 et seq.) of Title 2.2 of the *Code of Virginia*.

2. N/A 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.

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

Entire State

Only in the following geographic areas (§ 1915(g)(1) of the *Act*):

C. 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) of the *Act*).

D. 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:

Early intervention case management services are services furnished to assist individuals eligible under the State plan who reside in a community setting in gaining access to needed medical, social, educational, and other services. Early intervention case management includes the following assistance as defined in 42 § CFR 440.169 and Chapter 53 (§ 2.2-5300 et seq.) of Title 2.2 of the *Code of Virginia*:

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1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social, or other services, including EPSDT services. Needs shall be reassessed at least annually.
2. Development and periodic revision of an Individualized Family Service Plan (IFSP) as defined in coverage of Early Intervention Services under Part C of IDEA (Attachment 3.1 A/B, Supplement 1 section 4 b EPSDT (12 VAC 30-50-131)) based on the information collected through the assessment. The IFSP shall be updated at least annually. A face-to-face contact with the child's family is required for the initial development and annual revision of the IFSP. The case manager shall be responsible for determining if the family's particular situation warrants additional face-to-face visits.
3. Referral and related activities to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the IFSP.
4. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the IFSP is effectively implemented and adequately addresses the needs of the eligible individual. At a minimum one telephone, e-mail, or face-to-face contact shall be made with the child's family every three calendar months, or attempts of such contacts documented. The case manager shall be responsible for determining if the family's particular situation warrants additional family contacts.
5. Early intervention case management includes contacts with family members, service providers, and other non-eligible individuals and entities that are directly related to the identification of the eligible individual's needs and care. (42 CFR 440.169(e)).

TN No. 11-16
Supersedes
TN No. NEW PAGE

Approval Date SEP 25 2012

Effective Date 10-11-11

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E. Qualifications of providers. (42 CFR §§441.18(a)(8)(v) and 441.18(b).

Individual providers providing early intervention case management must be certified as an Early Intervention Case Managers by Department of Behavioral Health and Developmental Services (DBHDS).

F. Freedom of choice. (42 CFR § 441.18(a)(1).

1. The state assures that the provision of case management services will not restrict an individual's free choice of provider in violation of § 1902(a)(23) of the *Act*.

- a. Eligible recipients shall have free choice of the providers of early intervention case management services within the specified geographic area identified in this plan.
- b. Eligible recipients shall have free choice of the providers of other medical care under the plan.

2. Freedom of choice exception (§ 1915(g)(1) and 42 CFR § 441.18(b)):

XX 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.

Authority of § 1915(g)(1) of the *Act* is invoked to limit providers of early intervention case management services without regard to the requirements of § 1902(a)(10)(B) of the *Act*. Providers are limited to entities designated by the local lead agencies under contract with the Department of Behavioral Health and Developmental Services (DBHDS) pursuant to §2.2-5304.1 of the *Code of Virginia* to ensure that the case managers for individuals with developmental disabilities are capable of ensuring that such individuals receive needed services.

G. Access to Services. (42 CFR §§ 441.18(a)(2), 441.18(a)(3), 441.18(a)(6)). The state assures the following:

1. Case management services shall be provided in a manner consistent with the best interest of recipients and shall not be used to restrict an individual's access to other Medicaid services.

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2. Individuals shall not be compelled to receive case management services. The receipt of other Medicaid services shall not be a condition for the receipt of case management services, and the receipt of case management services shall not be a condition for receipt of other Medicaid services.
 3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other Medicaid services.
- H. Payment for 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. Refer to Attachment 4.19-B section J(2) (page 9e of 15) for the reimbursement method.
- I. Case records. (42 CFR 441.18(a)(7)).
- Case management services must be documented and maintained in individual case records in accordance with 42 CFR § 441.18(a)(7) and other state and federal requirements.
- J. Limitations.
1. Early intervention case management shall not include the following:
 - a. Activities not consistent with the definition of case management services in 42 CFR § 440.169.
 - b. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
 - c. Activities integral to the administration of foster care programs.
 - d. Activities for which third parties are liable to pay, except for case management that is included in an IFSP consistent with § 1903(c) of the *Act*.
 2. Payment for case management services under the plan must not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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3. Providers shall not be reimbursed for case management services provided for these following groups when these children also fall within the target group for early intervention case management as set out herein:
 - a. Seriously Mentally Ill Adults and Emotionally Disturbed Children (§ 2 of Supplement 2 to Attachment 3.1-A page 2 of 25)(12 VAC 30-50-420)).
 - b. Youth at Risk of Serious Emotional Disturbance (§ 3 of Supplement 2 to Attachment 3.1-A p 7 of 25) (12 VAC 30-50-430)).
 - c. Individuals with Mental Retardation (§ 4 of Supplement 2 to Attachment 3.1-A p 12 of 25 (12 VAC 30-50-440)), or
 - d. Individuals with Mental Retardation and Related Conditions who are participants in the home and community based care waivers for persons with mental retardation and related conditions (§ 5 of Supplement 2 to Attachment 3.1-A p 17 of 25 (12 VAC 50-30-450)).

4. Case management shall be reimbursed only when all of the following conditions are met:
 - a. A least one documented case management service is furnished during the month, and;
 - b. The provider is certified by DBHDS and enrolled with DMAS as an Early Intervention Case Management provider.

TN No. 11-16
Supersedes
TN No. 06-07

Approval Date

SEP 25 2012

Effective Date 10/11/11

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

(n.b. this page follows J.1 on Page 9 of 15, of Attachment 4.19-B)

- J. 2. Targeted case management for Early Intervention (Part C) Children.
- a. Targeted case management for children from birth to age three who have developmental delay who are in need of early intervention is reimbursed at the lower of the state agency fee schedule or actual charge (charge to the general public). The unit of service is monthly. All private and governmental fee-for-service providers are reimbursed according to the same methodology. The agency's rates were set as of October 11, 2011, and are effective for services on or after that date. Rates are published on the agency's website at www.dmas.virginia.gov.
 - b. Case management may not be billed when it is an integral part of another Medicaid service including, but not limited to, intensive community treatment services, and intensive in-home services for children and adolescents.
 - c. Case management defined for another target group shall not be billed concurrently with this case management service except for case management services for high risk infants provided under 12 VAC 30-50-410. Providers of early intervention case management shall coordinate services with providers of case management services for high risk infants, pursuant to 12 VAC 30-50-410, to ensure that services are not duplicated.
 - d. Each entity receiving payment for services as defined in Section 3.1-A will be required to furnish the following to the Medicaid agency, upon request:
 - i. data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate; and,
 - ii. cost information by practitioner.Future rate updates will be based on information obtained from the providers. DMAS monitors the provision of Targeted Case Management through Post-Payment Review (PPR). PPRs ensure that paid services were rendered appropriately, in accordance with State and Federal policies and program requirements, provided in a timely manner, and paid correctly.