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State Name: West Virginia

State Plan Amendment (SPA) #: 15-007

This file contains the following documents in the order listed:

1) Approval Letter
2) Companion Letter
3) CMS 179 Form/Summary Form (with 179-like data)
4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499

Region III/Division of Medicaid and Children's Health Operations

SWIFT #122220154084

Cynthia Beane, MSW, LCSW
Acting Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706

Dear Acting Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) would like to inform you of the approval of West Virginia's State Plan Amendment (SPA) 15-007 entitled Targeted Case Management. This SPA proposes to clarify the definition of targeted case management services for the following target groups: Medicaid-eligible Intellectually/Developmentally Disabled individuals and Medicaid eligible Chronically Mentally Ill/Substance Abuse individuals.

Please note that accompanying this approval of SPA 15-007 is a companion letter regarding the need for West Virginia to establish procedures for payment of the targeted case management for these target groups.

The effective date of this amendment is October 1, 2015. Enclosed are the approved State Plan pages and a copy of the CMS Summary Page (CMS-179 form).

If you have any questions about this SPA, please contact Dan Belnap of my staff at 215-861-4273.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499

CENTERS FOR MEDICARE & MEDICAID SERVICES

Region III/Division of Medicaid and Children's Health Operations

SWIFT #122220154084

Ms. Cynthia E. Beane, MSW, LCSW
Acting Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706

Dear Acting Commissioner Beane:

This letter is being sent as a companion to our approval of West Virginia's State Plan Amendment (SPA) 15-007, Targeted Case Management. While we are proceeding with approval of West Virginia SPA 15-007, this letter follows up on other matters that are not in compliance with current Federal regulations, so that we can work with you to resolve the issues.

Section 1902(a) of the Social Security Act (the Act) requires that States have a State Plan for medical assistance that meets certain Federal requirements that set out a framework for the State program. Implementing regulations at 42 CFR §430.10 requires that the State Plan be a comprehensive written statement describing the nature and scope of the State's Medicaid Program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the State Plan can be approved to serve as the basis for Federal financial participation (FFP) in the State program. During our review of the SPA, CMS performed an analysis of the reimbursement pages related to this SPA, and found that additional clarification is necessary.

In reviewing the State Plan pages, CMS found companion page issues related to reimbursement of targeted case management, which are outlined per Exhibit 1. Please submit a new plan amendment revising State Plan Attachment 4.19-B pages 10 and 11 to correct the deficiencies noted in Exhibit 1.

The State has 90 days from the receipt of this letter to submit a corrective action plan describing in detail how West Virginia will resolve in a timely manner the issues identified above. Failure to respond will result in the initiation of a formal compliance process. During the 90 day period, CMS will provide any technical assistance that is needed to resolve the issues described in this letter.

If you have any questions regarding this letter, please contact Dan Belnap at 215-861-4273. We look forward to working with you on these issues.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

cc: De Earhart, CMS

EXHIBT 1
Companion Letter Issues Related to WV 15-007 TCM
REIMBURSEMENT ISSUES

Attachment 4.19-B, pages 10 and 11, Section 13.d.1. Rehabilitative Services/Behavioral Health Services (last updated per TN 04-04 on 2/3/04):

West Virginia informed CMS during the informal question process that reimbursement for TCM was located in the State Plan, Attachment 4.19-B, Section 13.d.1. West Virginia stated:

> There is no place in Attachment 4.19-B which expressly addresses reimbursement for TCM services for the population outlined in West Virginia SPA 15-007. However, West Virginia will be using the reimbursement methodology for behavioral health services as described in 13.d.1. of Attachment 4.19-B of the State Plan (found on pages 10-11 of 4.19-B) as the reimbursement methodology for TCM services for the population outlined per West Virginia SPA15-007. This is clarified in "K. Reimbursement Methodology" of the attached updated version of SPA 15-007, both on page 5b (addressing the Intellectually/Developmentally disabled population) and 6f (addressing the Chronically Mentally Ill/Substance Abuse population).

It should be noted that Section K of West Virginia SPA 15-007 was removed from the coverage section prior to approval of West Virginia SPA 15-007. The current plan language in Attachment 4.19-B states on page 10 and 11: "Reimbursement to those agencies licensed as behavioral health agencies only is based on payment rates for each service by units of time with limitations established for occurrences." This is not a comprehensive reimbursement methodology.

Please submit a State Plan Amendment Attachment 4.19-B to correct the following deficiencies in the current plan.

1. If a fee schedule is used and separate rates are established for each service, please identify the reimbursable unit (hourly, weekly, monthly) and how the rates were derived.

2. If West Virginia is unable to determine how the rates were derived, then please include the effective date language in the State Plan language: "The agency's fee schedule rate was set as of (date here) and is effective for services provided on or after that date. All rates are published on the agency's website at [insert website address]. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published in (specify where published including website location)."

3. Please identify the services being paid under Behavioral Health services. For example: Crisis stabilization, therapeutic day treatment, targeted case management for mentally delayed, etc. Or, West Virginia can simply add a sentence cross-referencing to the Coverage pages in the State Plan.

4. Please provide a reference to the Coverage section in the State Plan that defines the providers of Behavioral Health services. For example: Behavioral Health providers are defined per Supplement A, D, and E of Attachment 3.1A, page 5.

5. Please identify any payment limitations.

6. Please explain the payment upper limit and how it is applied to each individual payment. Currently the State Plan indicates: "The payment upper limit is established by arraying charges of providers for the services to establish a reasonable customary and prevailing charge." CMS needs more detail on how the payment upper limit is determined and applied.

Please note that Attachment 4.19-B page 11 is currently under review related to SPA 14-004, which is pending and off-the-clock. It should also be noted that West Virginia attempted to update this section in 2012. SPA 12-004 was withdrawn and, therefore, the reimbursement section was never updated. However, it included much of the data needed to ensure federal compliance.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 15-007
2. STATE: West Virginia
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2015

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 USC 1396n(g)

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 $ 0
b. FFY ~~$ 0~~ 8-pen and ink change 8/16/16

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment for A, D and E of Supplement 1 to Attachment 3.1-A.
Page numbers 1 through 6f.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable).
Attachment for A, D and E of Supplement 1 to Attachment 3.1-A,
Page numbers 1 through 6.

10. SUBJECT OF AMENDMENT:
Targeted Case Management

11. GOVERNOR'S REVIEW (Check One):
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. S[redacted]IAL: /S/

13. TYPED NAME:
Cynthia Beane

14. TITLE:
Acting Commissioner

15. DATE SUBMITTED:
12/22/2015

16. RETURN TO:
Bureau for Medical Services
350 Capitol Street Room 251
Charleston West Virginia 25301

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
12/22/2015

18. DATE APPROVED
August 18, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/2015

20. SIGNATURE OF REGIONAL OFFICIAL:
/S/

21. TYPED NAME:
Francis McCullough

22. TITLE
Associate Regional Administrator

23. REMARKS:
8/16/2016 pen and ink change to Section 7. Federal Budget Impact item b. - Remove 0 from item b. (mk)

FORM HCFA-179 (07-92) INSTRUCTIONS ON BACK

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

TARGETED CASE MANAGEMENT SERVICES
Intellectually/Developmentally Disabled

A. TARGET GROUP (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

1. Intellectually/Developmentally Disabled

The population to be served consists of individuals who meet diagnostic criteria according to the most current Diagnostic and Statistical Manual of Mental Disorders for intellectual developmental disorder and/or the definition of developmental disability as "a severe, chronic disability of a person which: (1) is attributable to a mental or physical impairment or a combination of mental and physical impairments; (2) is manifested before the person attains age twenty-two; (3) results in substantial functional limitations in three or more of the following areas of major life activity: (A) Self-care; (B) receptive and expressive language; (C) learning; (D) mobility; (E) self-direction; (F) capacity for independent living; and (G) economic self-sufficiency; (4) Reflects the person's need for services and supports which are of lifelong or extended duration and arc individually planned and coordinated."

Medical necessity for case management services will include a determination that individuals demonstrate substantial functional limitations in two (2) major life areas (see item 3, paragraph 1) as determined by an assessment appropriate to the individual being assessed. Recipients must be reassessed at scheduled intervals for functional limitation status in order to-determine continuing medical need.

__X__ Target group includes individuals currently living in the community or individuals transitioning to a community setting. Regarding individuals transitioning, case-management services will be made available for up to 60 consecutive days of a covered stay in an inpatient medical institution (the Medicaid-certified facility in the recipient is currently residing). 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):
__X__ Entire State
____ Only in the following geographic areas:

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

TARGETED CASE MANAGEMENT SERVICES
Intellectually/Developmentally Disabled

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)).

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 and core services:

1. Assessment and reassessment: Comprehensive assessment and periodic reassessment of individual's current and potential strengths, resources, deficits and 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 targeted case manager ensures an on-going formal and informal process to collect and interpret information about a member's strengths, needs, resources, and life goals at a minimum, an annual face-to-face reassessment shall be conducted to determine if the client's needs or preferences have changed. Assessment is a collaborative process between the member, his/her family, and the targeted case manager.

2. Development and Revision of the Service Plan: Development (and periodic revision) of a specific, comprehensive, individualized care (service) 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;

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

TARGETED CASE MANAGEMENT SERVICES
Intellectually/Developmentally Disabled

- is based on individual's strengths and needs, which identifies the activities and assistance needed to accomplish the goals collaboratively developed by the individual, his or her parent(s) or legal guardian, and the targeted case manager;
- identifies a course of action to respond to the assessed needs of the eligible individual;
- records the full range of services, treatment, and/or other support needs necessary to meet the individual's goals; and
- describes the nature, frequency, and duration of the activities and assistance that meet the individual's needs.
- The case manager is responsible for regular service planning reviews based on the member's needs at regularly scheduled intervals.

3. Linkage, Referral, Advocacy and Related Activities: Linkage, 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;
   - facilitating the individual's access to the care, services and resources through linkage, coordination, referral, consultation, and monitoring;
   - also may include evaluating, coordinating and arranging immediate services or treatment needed in situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for a specific individual; and
   - additionally may include acquainting the individual, his or her parent(s) or legal guardian with resources in the community and providing information.
   - Accomplished through in-person and telephone contacts with the individual, his or her parent(s) or legal guardian, and with service providers and other collaterals on behalf of the individual. This will occur as necessary, but at least annually.

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

TARGETED CASE MANAGEMENT SERVICES
Intellectually/Developmentally Disabled

4. Monitoring and follow-up activities:
   - The targeted case manager shall conduct regular monitoring and follow-up activities with the client, the client's legal representative, or with other related service providers, including the following:
   - activities and contacts (either personal or telephonic) 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;
     - 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;
   - includes a periodic review of the progress the individual has made on the care plan goals and objectives and the appropriateness and effectiveness of the services being provided on a periodic basis.
   - the targeted case manager ensures appropriate quality, quantity and effectiveness of services in accordance with the care plan
   - the targeted case manager may only utilize and bill for this monitoring component when one of the above components have been utilized and determined to be a valid TCM activity. The amount of time spent to "monitor/follow-up" a TCM service shall not exceed the amount of time spent rendering the valid activity.
   - periodic reviews will be conducted as necessary but at least annually
   - this review may result in revision or continuation of the plan, or termination of TCM services if they are no longer appropriate

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)).

E. QUALIFICATIONS OF PROVIDERS (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)): The option to restrict providers for Intellectually/Developmentally Disabled is not being exercised under targeted case management.

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

TARGETED CASE MANAGEMENT SERVICES
Intellectually/Developmentally Disabled

A provider of Targeted Case Management Services to the Intellectually/Developmentally Disabled must hold licensure as a behavioral health agency pursuant to 27-2A-1 of the West Virginia Code. Providers must demonstrate a capacity to provide targeted case management services through a comprehensive provider agreement. This agreement requires 24-hour service availability by the provider and stipulates that the recipient's freedom of choice must be assured by the provider. It also requires the following:

1) Demonstrated capacity to link recipients in the target group(s) to a comprehensive array of services.
2) Assurance that agency staff are sufficient in number and appropriately qualified through training and experience to address the needs of the target population(s) served.
3) An administrative capacity to ensure quality of services; documentation of services; and maintenance of individual records in accordance with state and federal requirements.
4) The financial management capacity to document services and prepare and submit claims for these services.
5) Assure through the client enrollment process that all recipients are informed that recipients may choose from available certified case management providers.

Providers must assure that all staff providing targeted case management services possess one of the following qualifications:

a) A licensed psychologist with a Masters or Doctoral degree;
b) A licensed social worker;
c) A registered nurse; or
d) A Doctorate, Masters or Bachelor's degree in Human Services Field.

F. 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 as follows:

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.

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

TARGETED CASE MANAGEMENT SERVICES
Intellectually/Developmentally Disabled

3. 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.

G. 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.

H. 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.

I. 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

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

TARGETED CASE MANAGEMENT SERVICES
Chronically Mentally Ill/Substance Abuse

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))

J. 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.

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

TARGETED CASE MANAGEMENT SERVICES
Chronically Mentally Ill/Substance Abuse

A TARGET GROUP (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

2. Chronically Mentally Ill/Substance Abuse

The population to be served consists of individuals who meet diagnostic criteria according to the most current Diagnostic and Statistical Manual of Mental Disorders for chronic mental illness or substance abuse.

Medical necessity for case management services will include a determination that individuals demonstrate substantial functional limitations in two (2) major life areas as determined by a State-approved standardized assessment instrument(s) appropriate to the individual being assessed. Major life areas include: vocational, education, homemaker, social or interpersonal, community, and self-care or independent living. Individuals must be reassessed at scheduled intervals at a minimum for functional limitation status in order to determine continuing medical need.

Recipients qualifying for Targeted Case Management must be currently living in the community or within 60 days of placement in the community through discharge planning from a Medicaid-certified facility.

__X__ Target group includes individuals currently living in the community or individuals transitioning to a community setting. Regarding individuals transitioning, case-management services will be made available for up to 60 consecutive days of a covered stay in an inpatient medical institution (the Medicaid-certified facility in the recipient is currently residing). 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):
__X__ Entire State
____ Only in the following geographic 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.

__X__ Services are not comparable in amount duration and scope (§1915(g)(1)).

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

TARGETED CASE MANAGEMENT SERVICES
Chronically Mentally Ill/Substance Abuse

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 and core services:

1. Assessment and reassessment: Comprehensive assessment and periodic reassessment of individual's current and potential strengths, resources, deficits and 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 targeted case manager ensures an on-going formal and informal process to collect and interpret information about a member's strengths, needs, resources, and life goals at a minimum, an annual face-to-face reassessment shall be conducted to determine if the client's needs or preferences have changed. Assessment is a collaborative process between the member, his/her family, and the targeted case manager.

2. Development and Revision of the Service Plan: Development (and periodic revision) of a specific, comprehensive, individualized care (service) 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 goal
   - is based on individual's strengths and needs, which identifies the activities and assistance needed to accomplish the goals collaboratively developed by the individual, his or her parent(s) or legal guardian, and the targeted case manager;
   - identifies a course of action to respond to the assessed needs of the eligible individual;
   - records the full range of services, treatment, and/or other support needs necessary to meet the individual's goals; and
   - describes the nature, frequency, and duration of the activities and assistance that meet the individual's needs.

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

TARGETED CASE MANAGEMENT SERVICES
Chronically Mentally Ill/Substance Abuse

- The case manager is responsible for regular service planning reviews based on the member's needs at regularly scheduled intervals.

3. Linkage, Referral, Advocacy and Related Activities: Linkage, 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;
   - facilitating the individual's access to the care, services and resources through linkage, coordination, referral, consultation, and monitoring;
   - also may include evaluating, coordinating and arranging immediate services or treatment needed in situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for a specific individual; and
   - additionally may include acquainting the individual, his or her parent(s) or legal guardian with resources in the community and providing information.
   - Accomplished through in-person and telephone contacts with the individual, his or her parent(s) or legal guardian, and with service providers and other collaterals on behalf of the individual. This will occur as necessary, but at least annually.

4. Monitoring and follow-up activities:
   - The targeted case manager shall conduct regular monitoring and follow-up activities with the client, the client's legal representative, or with other related service providers, including the following:
   - activities and contacts (either personal or telephonic) 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;

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

TARGETED CASE MANAGEMENT SERVICES
Chronically Mentally Ill/Substance Abuse

- services in the care plan are adequate;
- 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;

- includes a periodic review of the progress the individual has made on the care plan goals and objectives and the appropriateness and effectiveness of the services being provided on a periodic basis.
- the targeted case manager ensures appropriate quality, quantity and effectiveness of services in accordance with the care plan
- the targeted case manager may only utilize and bill for this monitoring component when one of the above components have been utilized and determined to be a valid TCM activity. The amount of time spent to "monitor/follow-up" a TCM service shall not exceed the amount of time spent rendering the valid activity.
- periodic reviews will be conducted as necessary but at least annually
- this review may result in revision or continuation of the plan, or termination of TCM services if they are no longer appropriate

_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)).

E. QUALIFICATIONS OF PROVIDERS (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

The option to restrict providers for the Chronically Mentally Ill and Substance Abuse population is not being exercised under Targeted Case Management.

A provider of Targeted Case Management Services to the Chronically Mentally Ill and Substance Abuse population must hold licensure as a behavioral health agency pursuant to 27-2A-1 of the West Virginia Code. Providers must demonstrate a capacity to provide targeted case management services through a comprehensive provider agreement. This agreement requires 24-hour service availability by the provider and stipulates that the recipient's freedom of choice must be assured by the provider. It also requires the following:

1) Demonstrated capacity to link recipients in the target group(s) to a comprehensive array of services.

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

TARGETED CASE MANAGEMENT SERVICES
Chronically Mentally Ill/Substance Abuse

2) Assurance that agency staff are sufficient in number and appropriately qualified through training and experience to address the needs of the target population(s) served.
3) An administrative capacity to ensure quality of services; documentation of services; and maintenance of individual records in accordance with state and federal requirements.
4) The financial management capacity to document services and prepare and submit claims for these services.
5) Assure through the client enrollment process that all recipients are informed that recipients may choose from available certified case management providers.

Providers must assure that all staff providing targeted case management services possess one of the following qualifications:

a) A licensed psychologist with a Masters or Doctoral degree;
b) A licensed social worker;
c) A registered nurse; or
d) A Doctorate, Masters or Bachelor's degree in Human Services Field.

F. 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.
3. 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.

G. 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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H. 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.

I. 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))

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J. 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.