## TARGETED CASE MANAGEMENT SERVICES MEDICAID ELIGIBLE STUDENTS UNDER AGE 22

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9) Local Educational Agency (LEA) eligible beneficiaries include students under age 22 who are Medicaid eligible beneficiaries and have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) under the Individuals with Disabilities Education Act (IDEA) or an Individualized Health and Support Plan (IHSP). An IHSP, also known as a "Care Plan", is a medical management tool for providing medically necessary direct healthcare services to a student in a school setting. Other common names for an IHSP can include, but are not limited to: Individualized School Healthcare Plan, Individualized Healthcare Plan, Treatment Plan, Plan of Care, Nursing Plan and Section 504 Plan.

Areas	s of state in which services will be provided (§1915(g)(1) of the Act):
Χ_	Entire State
	Only in the following geographic areas:
Comp	parability 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))

<u>Definition of services (42 CFR 440.169):</u> TCM services are defined as services furnished to assist students, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. TCM includes the following assistance:

- 1. Comprehensive assessment and periodic reassessment of students needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - Reviewing individual's records, such as cumulative files, health history, and/or medical records;
  - Interviewing the students and/or parent/guardian;
  - Observing the students in the classroom and other appropriate settings; and
  - Writing a report to summarize assessment results and recommendations for additional LEA services;

Assessment and/or periodic reassessment to be conducted on an annual, triennial and as needed basis (one amended assessment allowed to be reimbursed for each service type every 30 days) to determine if a student's needs, conditions, and/or preferences have changed.

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- 2. Development (and periodic revision) of a student's 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 student;
  - Includes meeting with the student and parent(s) or guardian(s) to establish needs:
  - Includes activities such as ensuring the active participation of the eligible student, and working with the individual (or the student' 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 student;
- 3. Referral and related activities (such as scheduling appointments for the student to help the eligible student obtain needed services including:
  - Activities that help link the student 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;
- 4. Monitoring and follow-up activities:
  - Activities and contacts that are necessary to ensure the Care Plan is implemented and adequately addresses the eligible student's needs, and which may be with the individual, family members, service providers, or other entities or students 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 student's Care Plan:
    - Services in the Care Plan are adequate; and
    - o Changes in the needs or status of the student are reflected in the Care Plan:

Monitoring and follow-up activities include making necessary adjustments in the Care Plan and service arrangements with providers. Periodic reviews will be completed at least every six months. These activities may be conducted as specified in the Care Plan, or as frequently as necessary to ensure execution of the Care Plan.

X Case management includes contacts with non-eligible students that are directly related to identifying the eligible student's needs and care, for the purposes of: helping the eligible student access services; identifying needs and supports to assist the eligible

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student in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible student's needs. (42 CFR 440.169(e))

# Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)): TCM Provider Agency Qualifications:

- Must be an agency employing staff or contracting with qualified practitioners with case management qualifications; and
- Have demonstrated the ability to collaborate with public and private service providers; and
- Have demonstrated direct experience in the coordination of educational support services (e.g. Early Periodic Screening, Diagnosis, and Treatment, Social Services; Counseling Services; Psychological Services; Student Assistance; Special Education; and Nutritional Services); and
- Have an administrative capacity to ensure quality of services in accordance with state and federal requirements; and
- Have a financial management capacity and system that provides documentation of services and costs. For entities that also furnish services by another federally funded program, costs must be in accordance with OMB A-87 principles; and
- Have a capacity to document and maintain individual case records in accordance with state and federal requirements; and
- Have demonstrated ability to meet all state and federal laws governing the
  participation of providers in the state Medicaid program, including, but not
  limited to, the ability to meet federal and state requirements for
  documentation, billing and audits.

TCM Case Manager Qualifications: Case managers employed by the TCM Provider Agency must meet the requirements for education and/or experience as defined below:

- A Registered Nurse, or a Public Health Nurse with a license in active status to practice as a registered nurse in California; individual shall have met the educational and clinical experience requirements as defined by the California Board of Registered Nursing, or
- An individual with at least a Bachelor's degree from an accredited college or university, who has completed an agency-approved case management training course, or
- An individual with at least an Associate of Arts degree from an accredited college, who has completed an agency-approved case management training course and has two years of experience performing case management duties in the health or human services field, or

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 An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.

#### Freedom of choice (42 CFR 441.18(a)(1)):

The state will ensure the provision of TCM services will not restrict a student's free choice of providers in violation of section 1902(a)(23) of the Act.

- Eligible students will have free choice of any qualified Medicaid provider.
- Eligible students will have free choice of any qualified Medicaid providers of other medical care under the Care Plan.

#### Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)): The state will ensure the following:

- TCM services will not be used to restrict a student's access to other services under the Care Plan:
- Students will not be compelled to receive TCM services, condition receipt of TCM services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of TCM services; and
- Providers of TCM services do not exercise the agency's authority to authorize or deny the provision of other services under the Care Plan.

#### Payment (42 CFR 441.18(a)(4)):

Payment for TCM services under the Care Plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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

Providers will maintain case records that document the following information: name of the student; the dates of the case management services; name of the agency and the person providing the case management service; the nature, content, and units of case management services received and whether goals specified in the Care Plan have been achieved; whether the student has declined any services in the Care Plan, the need for, and occurrences of, coordination with other case managers; and a timeline for obtaining needed services; and a timeline for revaluation of the Care Plan.

Students may receive TCM services from more than one agency or provider. To avoid duplication of services and billing, LEAs must clearly document the LEA and TCM services rendered by each TCM agency or provider, and where necessary, develop written agreements or protocols to define the TCM service(s) each agency or provider will be responsible for rendering.

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#### 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 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 student 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))

TCM services identified in the student's IEP, IFSP or IHSP may be billed up to 32 units per individual per day. A unit is defined as 15 minutes of continuous treatment (any time over seven continuous treatment minutes can be billed as a 15-minute increment).

#### TCM Services Do Not Include:

- Provision of medical treatment or services,
- · Discharge planning from an institution,
- Administrative activities of eligibility determination, screening, intake, outreach, and utilization review, or program activities that do not meet the definition of TCM,
- Formal advocacy and development of new provider resources,
- Payment for administration costs of other services or programs to which the child is referred.
- General Medicaid administrative expenses, and prior authorization of services.
- Diagnostic or treatment services, educational activities that may be reasonably expected in the school system, and

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 Services that are an integral part of another service already reimbursed by Medicaid.) and 1905(c)).

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FFP is only available for TCM 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 TCM that is included in an student' IEP, IFSP or IHSP consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)).

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