

Brian Sandoval
Governor



Marta Jensen
Acting Administrator
Division of Health Care Financing and
Policy

Targeted Case Management

Non-SED and Non-SMI



Objectives

- What is Targeted Case Management (TCM)
- What are other States doing
- What is happening in Nevada
- Proposed Changes
 - Non-Severely Emotionally Disturbed (SED)
 - Non-Seriously Mentally Ill (SMI)



What is Targeted Case Management (TCM)

- Case management services are services which assist an individual in gaining access to needed medical, social, educational, and other supportive services and must include the following components:
 - Assessment of the eligible individual to determine service needs.
 - Development of a person-centered care plan.
 - Referral and related activities to help the individual obtain needed services.
 - Monitoring and follow-up.



TCM - Assessment

- Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. The assessment activities include the following:
 1. Taking client history.
 2. Identifying the needs of the individual and completing related documentation.
 3. 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 recipient.



TCM – Development of Person-Centered Care Plan

- Development (and periodic revision) of a specific care plan based on the information collected through the assessment, that includes the following:
 1. Specifies the goals and actions to address the medical, social, educational, and other services needed by the eligible recipient.
 2. Includes activities such as ensuring the active participation of the eligible recipient and working with the recipient (or the individual's authorized health care decision maker) and others to develop those goals.
 3. Identifies a course of action to respond to the assessed needs of the eligible recipient.



TCM – Referral and Related Activities

- Referral and related activities (such as scheduling appointments for the recipient) 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 care plan.



TCM – Monitoring and Follow-Up

- Monitoring and follow-up; activities include activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and may be with the individual, family members, service provider or other entities or individuals. The monitoring should be conducted as frequently as necessary, and include at least one annual monitoring, to help determine whether the following conditions are met:
 1. Services are being furnished in accordance with the individual's care plan.
 2. Services in the care plan are adequate.
 3. There are changes in the needs or status of the eligible recipient.
- Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Monitoring may involve either face-to-face or telephone contact, at least annually.



Non-Covered Services

MSM 2503.1A.2

- Case management services not reimbursable under the Nevada Medicaid Program include, but are not limited to:
 - a. The actual or direct provision of medical services or treatment. Examples include, but are not limited to:
 1. Training in daily living skills;
 2. Training in work skills and social skills;
 3. Grooming and other personal services;
 4. Training in housekeeping, laundry, cooking;
 5. Transportation services;
 6. Individual, group or family therapy services;
 7. Crisis intervention services; and/or
 8. Diagnostic testing and assessments.



Non-Covered Services – cont.

- b. Services which go beyond assisting individuals in gaining access to needed services. Examples include, but are not limited to:
 1. Paying bills and/or balancing the recipient's checkbook;
 2. Completing application forms, paper work, evaluations and reports including applying for Medicaid eligibility;
 3. Escorting or transporting recipients to scheduled medical appointments; and/or
 4. Providing child care so the recipient can access services.



Non-Covered Services – cont.

- c. Traveling to and from appointments with recipients.
- d. Traveling to and from appointments (without recipients).
- e. Case management services provided to recipients between 22 and 64 years of age who are in an Institution for Mental Disease (IMD).
- f. Using case management codes for billing, when the recipient does not meet the criteria for the target group.
- g. Recipient Outreach – Outreach activities in which a state agency or other provider attempts to contact potential recipients of a service do not constitute case management services.



Non-Covered Services – cont.

- h. The direct delivery of foster care services and therapeutic foster care services. The following activities are not considered to qualify as components of Medicaid case management services:
 1. Research gathering and completion of documentation required by the foster care program.
 2. Assessing adoption placements.
 3. Recruiting or interviewing potential foster care parents.
 4. Serving legal papers and attendance at court appearances.
 5. Home investigations.
 6. Providing transportation.
 7. Administering foster care subsidies.
 8. Making placement arrangements.
 9. Training, supervision, compensation for foster care parents.



Non-Covered Services – cont.

- i. If the case manager also provides other services under the plan, the State must ensure that a conflict of interest does not exist that will result in the case manager making self-referrals. Individuals must be free to choose their case management provider from among those that have qualified to participate in Medicaid and are willing to provide the service.
- j. Services provided as “administrative case management”, including Medicaid eligibility determination, intake processing, preadmission screening for inpatient care, utilization review and prior authorization for Medicaid services are not reimbursable.
- k. Administrative functions for recipients under the Individuals with Disabilities Education Act (IDEA) such as the development of an Individual Education Plan and the implementation and development of an Individual Family Service Plan for Early Intervention Services are not reimbursable as case management services.



Other States

- West Virginia
 - Two Target Groups
 - All TCM requires a Prior Authorization
- South Carolina
 - All TCM requires a Prior Authorization
 - Limited to 24 units/6 hours per calendar quarter
- Arkansas
 - Service limitations based on each category of case management and target population
 - Select target groups require Prior Authorization
- Mississippi
 - Tiers Case Manager Qualifications
 - All TCM requires a Prior Authorization



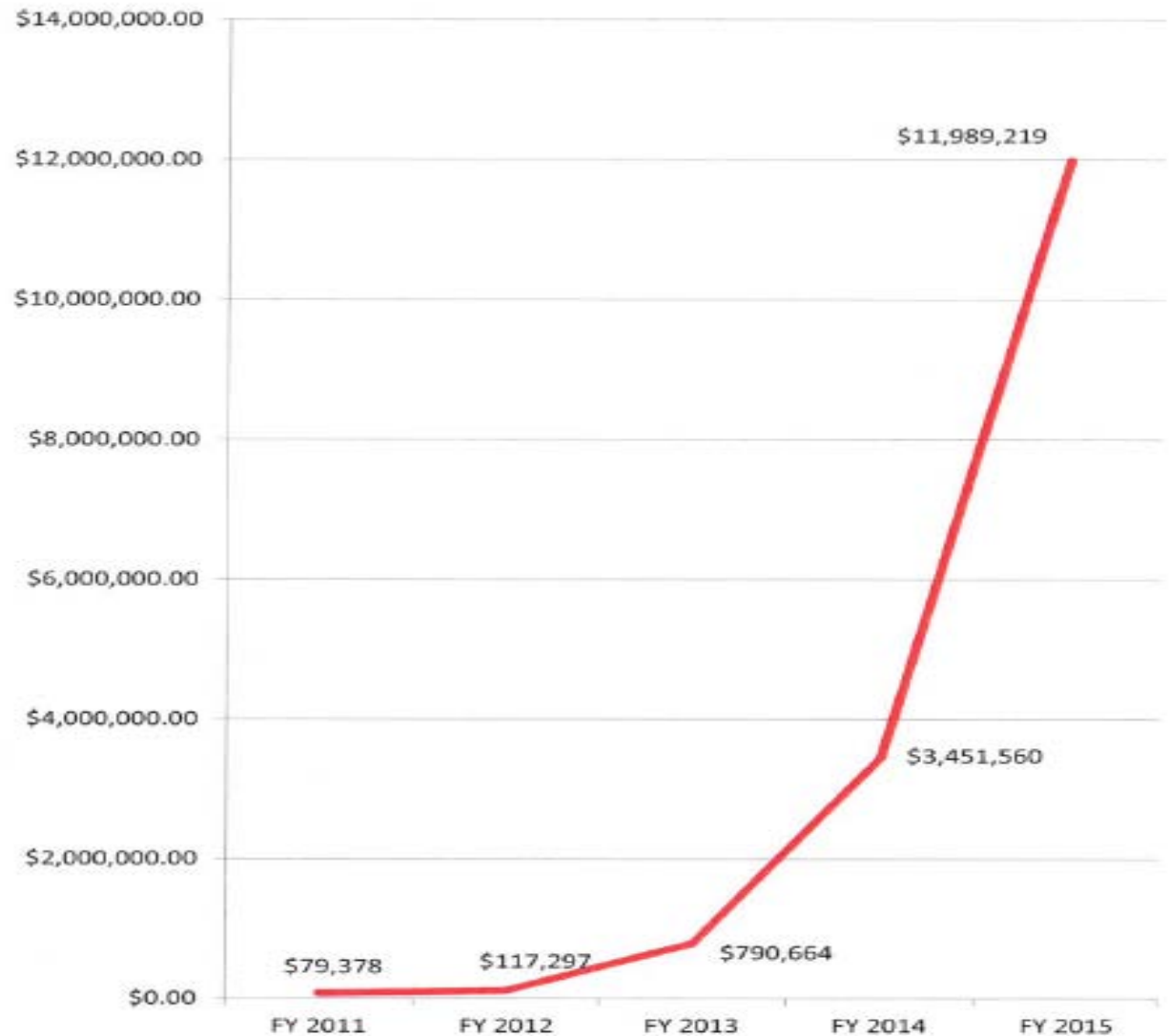
What is Happening in Nevada

- Two of the eight target groups, Non-SED and Non-SMI, fall into a lower level of need category based on Medicaid Services Manual (MSM), Chapter 400 criteria.
 - Non-Severely Emotionally Disturbed (SMEI), Youth
 - Non-Seriously Mentally Ill (SMI), Adults
- Services are not currently prior authorized for up to 30 hours, per month, per recipient.



Utilization for TCM for the Non-SED and Non-SMI populations have increased exponentially from 2012 to 2015.

T1016 - 5 Years





Proposed Policy Changes

- Reduce the number of hours per month of TCM services for Non-SED and Non-SMI.
- Create a tiered structure of services that titrate down.
- Utilize a rolling year to bench mark service utilization.
- Prior Authorization required for services above the service limitation or after initial services have been utilized.



Proposed Policy Changes

- Change the service limitations for TCM services to titrate down for the Non-SED and Non-SMI Target groups:
 - Initial month: 10 hours per month, per recipient
 - Next three months: 5 hours per month, per recipient
- Only one case manager is allowed per recipient



Proposed Policy Changes

- Example of a rolling calendar year:
 - February, 2016 – 10 hrs TCM
 - March, 2016 – 5 hrs TCM
 - April, 2016 – 5 hrs TCM
 - May, 2016 – 5 hrs TCM
 - June 2016 through January 2017 – **No TCM services allowed unless a Prior Authorization is submitted and meets Medical Necessity**
 - February, 2017 – 10 hrs TCM



Questions?