

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
CASE MANAGEMENT SERVICES

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TN No. 11-013
Supersedes
TN No. 98-020

Approval Date: **FEB 28 2012**

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

TARGETED CASE MANAGEMENT SERVICES
CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

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

Medicaid enrolled individuals who, through a blood lead screening conducted in accordance with the EPSDT periodicity schedule, are found with a confirmed elevated blood lead level (CEBL) as defined by the Centers for Disease Control and Prevention (CDC).

___ 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:

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): Consistent with the Deficit Reduction Act (DRA) of 2005, the term "Targeted Case Management" means services which will assist individuals eligible under the plan in gaining access to needed medical, educational, social and other services relevant to elevated blood lead levels (EBLL) and other identified issues. Targeted Case management services are goal-oriented activities that provide, oversee, and coordinate services to lead poisoned individuals. This includes but is not limited to identifying resources, planning services, implementing and coordinating lead treatment and services, and monitoring the delivery of such services. Components of the service include: assessment of the impairment, treatment planning, and monitoring of the overall service delivery; provision of services in a setting accessible and appropriate to the recipient. Targeted Case Management for children with EBLL includes the following assistance:

- ❖ **Assessment:** Initiating a risk assessment of the individual's primary address to determine possible sources of lead exposure as well as identification of other risk factors (including, but not limited to, medical, educational, social, developmental, and behavioral); gathering information on the individual's history by interviewing the individual, his/her family, medical providers, social workers and other professionals; completing necessary documentation.
- ❖ **Care Planning:** Development of a care plan specific to the individual based on information gathered during the Assessment; through specific goals and objectives, the care plan will address the medical, social, educational and other service needs related to the individual's lead exposure and other identified issues; the care plan will also include objectives related to active participation from the individual and his/her family.
- ❖ **Referral and Linkage:** Referrals for necessary services, including but not limited to services to address medical, educational, social and nutritional needs, as appropriate; this includes activities that link the individual with needed services.

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TARGETED CASE MANAGEMENT SERVICES
CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

- ◆ **Monitoring:** Follow-up activities and contacts with the individual and his/her family to ensure effective implementation of the care plan and that the care plan is addressing the individual's needs. Adjustments to the care plan will be made as necessary. Follow-up services must be provided as appropriate to the individual's case and not less frequently than one (1) contact every three (3) months.
- ◆ **Case Closure:** The case manager will terminate case management services in accordance with case closure guidelines set out in 410 IAC 29-3-2.

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)):

Case managers have, at a minimum, either a bachelor's degree in social work (or a related field) or are a Registered Nurse (RN) and are authorized by a local health department (LHO) through a provider agreement. Case managers receive specialized training through the Indiana State Department of Health (ISDH) within six (6) months of hire. Case managers must provide services in accordance with 410 IAC 29-1 and §1915(g) of the Social Security Act. Case managers report to the County Health Officer, a Medical Doctor (MD) licensed by the State of Indiana.

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 §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. Individuals of the target population may choose whether or not to receive targeted case management services.
4. Any person or entity meeting the State's requirements who wishes to become a Medicaid provider of targeted case management services may be given the opportunity to do so.
5. Targeted case management will not be used to restrict the access to other services available 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:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

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.

Case Records (42 CFR 441.18(g)(7)):

Providers maintain case records that document for all individuals receiving case management as follows:

1. The name of the individual;
2. The dates of the case management services;
3. The name of the provider agency (if relevant) and the person providing the case management service;
4. The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
5. Whether the individual has declined services in the care plan;
6. The need for, and occurrences of, coordination with other case managers;
7. A timeline for obtaining needed services;
8. 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 §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))

EPSDT Assurance:

Under the EPSDT benefit, TCM services will be provided to any individual determined to meet the medical necessity for the service.

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