

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

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CASE MANAGEMENT SERVICES

A. Target Group:

Title XIX eligible individuals:

Medi-Cal eligible adults and children at risk of abuse and unfavorable developmental, behavioral, psychological, or social outcomes including the following individuals:

- Persons abusing alcohol or drugs, or both
- Persons at risk of physical, sexual, or emotional abuse
- Persons at risk of neglect

Payment for case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

Case management services provided in accordance with Section 1915(g) of the Social Security Act will not duplicate case management services provided under any home and community-based services waiver.

There shall be a county-wide system to ensure coordination among providers of case management services provided to beneficiaries who are eligible to receive case management services from two or more programs.

B. Areas of State in which services will be provided:

Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide): Alameda, Butte, Calaveras, Contra Costa, El Dorado, Fresno, Glenn, Kern, Kings, Lassen, Los Angeles, Marin, Mendocino, Mono, Monterey, Orange, Placer, San Benito, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Shasta, Solano, Sonoma, and Tuolumne counties, and the City of Long Beach.

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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  X   Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Targeted case management services include needs assessment, setting of objectives related to needs, individual service planning, service scheduling, and periodic evaluation of service effectiveness. Case management services ensure that the changing needs of the Medi-Cal eligible person are addressed on an ongoing basis and appropriate choices are provided among the widest array of options for meeting those needs. Case management includes the following:

1. Assessment

Analyzing each client's need for medical services to determine appropriate resources and to develop a service plan.

2. Plan Development

Plan development includes the development of a written, comprehensive, individual service plan based upon the assessment, which identifies the activities and assistance needed to accomplish the objectives developed between the client and the case manager. The service plan describes the nature, frequency and duration of the activities and assistance which meet the individual's needs.

Specific client objectives are discussed and strategies for achieving the stated objectives are identified. This involves acquainting the client, parent, or legal guardian with sources of services in the community and providing information for obtaining services through community programs.

3. Linkages and Consultation

Implementing the service plan includes consultation with providers and interagency coordination on behalf of the client and referral of the client to needed medical services, as well as follow-up to ensure services are received by the client.

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4. Assistance in Accessing Services

As necessary to facilitate communication between the client and the case manager and between the client and other providers of service, the case manager shall arrange for translation services. Facilitating access to services may also require arranging appointments and transportation to medical, social, education and other services.

5. Crisis Assistance Planning

The evaluation, coordination and arranging of immediate services or treatment needed in those 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 client.

6. Periodic Review

Consistent with the client's needs, the case manager must periodically re-evaluate the client's progress toward achieving plan objectives. Based upon this review, it will be determined what changes to the client's plan should be made, if any, or if case management services are still appropriate.

Case Management Services do not include:

- Program activities of the agency itself which do not meet the definition of targeted case management;
- Administrative activities necessary for the operation of the agency providing case management services rather than the overhead costs directly attributable to targeted case management;
- Diagnostic and/or treatment services;
- Services which are an integral part of another service already reimbursed by Medicaid;
- Restricting or limiting access to services, such as through prior authorization; or
- Activities that are an essential part of Medicaid administration, such as outreach, intake processing, eligibility determination or claims processing.

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E. Qualification of Providers:

1) Case Management Agencies:

- a. Must be a health care agency affiliated with a Local Governmental Agency, employing staff with case manager qualifications; and
- b. Have the ability to evaluate the effectiveness, accessibility and quality of targeted case management services on a community-wide basis; and
- c. Have established referral systems and demonstrated linkages and referral ability with essential social and health service agencies; and
- d. Have a minimum of five years' experience in assisting high-risk, low income persons to obtain medical services; and
- e. Have an administrative capacity to ensure quality of services in accordance with state and federal requirements; and
- f. Have a financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles; and
- g. Have a capacity to document and maintain individual case records in accordance with state and federal requirements; and
- h. 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.

2) Case Managers employed by the case management agency must meet the following requirements for education and/or experience as defined below:

- a. An individual with a Bachelor's degree from an accredited college or university, and completion of agency-approved case management training; or

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- b. An individual with an AA degree from an accredited college or university, and completion of agency-approved case management training and two years experience performing case management duties in a health or human services field; or
  - c. An individual who has completed an agency-approved case management training course with four years experience performing case management duties in a health or human services field.
- F. 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 recipients will have free choice of the providers of case management services.
  - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
  - 3. Eligible clients will have the option to participate in the services offered under this plan.

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