

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: CALIFORNIA

**TARGETED CASE MANAGEMENT SERVICES
CHILDREN UNDER THE AGE OF 21**

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

Medi-Cal eligible children, under the age of 21 years old, who are:

- a) At high risk for medical compromise due to one of the following conditions:
 - i) Failure to take advantage of necessary health care services, or
 - ii) Noncompliance with their prescribed medical regime, or
 - iii) An inability to coordinate multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, or
 - iv) An inability to understand medical directions because of comprehension barriers, or
 - v) A lack of community support system to assist in appropriate follow-up care at home, or
 - vi) Substance abuse, or
 - vii) A victim of abuse, neglect or violence; and
- b) In need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

For those individuals in this target group, who may receive case management services under a waiver program, case management services shall not be duplicated, in accordance with Section 1915(g) of the Social Security Act. This target group excludes persons enrolled in a Home and Community-Based Services waiver program from receipt of Targeted Case Management (TCM) services.

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

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire State.

Only in the following geographic areas: Counties of Alameda, Amador, Butte, Contra Costa, El Dorado, Fresno, Humboldt, Kern, Kings, Lake, Los Angeles, Madera, Marin, Merced, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Diego, San Francisco, San Mateo, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Tulare, Tuolumne, Ventura, Yolo, Yuba, City of Berkeley, and City of Long Beach.

Comparability of Services (§§ 1902(a)(1) O)(B) and 1915(g)(1))

Services are provided in accordance with Section 1902(a)(1) O)(B) of the Act.

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

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:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:

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C. Comparability of Services

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

 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, social, educational and other 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. Linkage 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, social, educational, and other 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, educational 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
- Activities that are an essential part of Medicaid administration, such as outreach, intake processing, eligibility determination or claims processing

E. Qualification of Providers:

1. Case Management Agencies:

- a. Must be a public health agency employing staff with case manager qualifications; and

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- 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, social, educational and/or other 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. A certified Public Health Nurse or a Registered Nurse, or a Licensed Vocational Nurse under the direct supervision of a skilled professional medical person, or an individual, specified in (b) through (d) below, who is under the direct supervision of a skilled professional medical person.
 - b. An individual with a Bachelor's degree from an accredited college or university, and completion of agency-approved case management training; or
 - c. An individual with an AA degree from an accredited college, and completion of agency-approved case management training and two years experience performing case management duties in a health or human services field; or

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- d. 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.
- G. Implementation of Targeted Case Management as described in this State Plan Amendment is subject to retroactive changes in state law necessary to implement this amendment.

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