

~~19. CASE MANAGEMENT SERVICES~~

~~A. Target Group: See Supplement 1 to Attachment 3.1 A.~~

~~A 1 Mentally Disabled (Short Doyle), Page 3  
A 2 Developmentally Disabled (Lanterman), Page 4~~

~~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:~~

~~C. Comparability of Services~~

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

~~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 requirement of Section 1902(a)(10)(B) of the Act.~~

~~D. Definition of Services: See Supplement 1 to Attachment 3.1 A.~~

~~D 1 Mentally Disabled, Page 4  
D 2 Developmentally Disabled, Page 6~~

~~E. Qualification of Providers: See Supplement 1 to Attachment 3.1 A.~~

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State/Territory: California

~~F. Assurances: See Supplement 1 to Attachment 3.1 A~~

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~~The State assures that the provision of case management services will not restrict an individual's free choice to providers in violation of Section 1902(a)(23) of the Act.~~

~~1. Eligible recipients will have free choice to the providers of case management services.~~

~~2. Eligible recipients will have free choice of the providers of other medical care under the plan.~~

~~G. Payment for case management services under the plan does not duplicate payments to public agencies or private entities under other program authorities for this same purpose.~~

DRAFT

19. CASE MANAGEMENT SERVICES

A. Target Group (42 Code of Federal Regulations (CFR) 441.18(8)(i) and 441.18(9))

Medi-Cal eligible individuals with mental disorders.

Targeted case management services are provided to individuals with mental disorders as part of a comprehensive specialty mental health services program available to all Medi-Cal beneficiaries provided that they meet medical necessity criteria.

B. The target group includes individuals transitioning to a community setting. Targeted case management services will be made available for up to 30 calendar days for a maximum of three consecutive periods of 30 calendar days or less prior to the discharge 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.

C. Areas of State in which services will be provided (Section 1915(g)(1) of the Act)

Entire State  
 Only in the following geographic areas

D. Comparability of services (Sections 1902(a)(10)(B) and 1915(g)(1))

Services are provided in accordance with Section 1902(a)(10)(B) of the Act  
 Services are not comparable in amount duration and scope (Section 1915(g)(1))

A-1 Mentally Disabled

~~Short Doyle mental health programs will provide case management services according to locally established priorities for mental health services and in a manner consistent with existing administration and service delivery structure. Services will be provided concurrently to clients who are Medi-Cal beneficiaries and to those who are not; services provided to clients who are not Medi-Cal eligible will be funded with State General Funds exclusively. Services provided to clients of the target population who are Medi-Cal beneficiaries will be reimbursed through SD/MC\* Program. The target population for case management services include:~~

- ~~1. Individuals who are or have been hospitalized for psychiatric care in a state or local inpatient facility, including a psychiatric health facility, or a skilled nursing facility, but for whom care in a nonmedical facility is appropriate.~~
- ~~2. Individuals who are perceived to be at risk of being admitted for psychiatric care to a state or local inpatient facility, psychiatric health facility, or a skilled nursing~~

~~facility, but for whom care in a nonmedical facility is appropriate.~~

- ~~3. Mentally disabled individuals living with their families, significant others, or in independent or semi independent living arrangements who need support services to maintain stability at this level.~~
- ~~4. Mentally disabled individuals who require care and supervision in a licensed nonmedical community care facility.~~
- ~~5. Severely emotional disabled children and adolescents who are at risk of needing out of home placement.~~
- ~~6. Mentally disabled children and youth who do not fall into the target group previously cited but who are perceived to be in need of guidance and assistance to secure appropriate treatment and care.~~
- ~~7. Mentally disabled homeless individuals.~~

~~\*SD/MC means the Short Doyle/Medi Cal Program, which is that portion of the statewide mental health program which serves Medicaid-eligible persons.~~

#### ~~A-2 Developmentally Disabled~~

~~The target population for which federal financial participation is requested is composed of those developmentally disabled persons who meet the following definition of developmental disability.~~

~~"Developmental disability" means a disability which originates before an individual attains age 18, continues, or can be expected to continue indefinitely, and constitutes a substantial handicap for such individual. This term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include handicapping conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature.~~

~~Persons residing in those facilities designated as Intermediate Care Facilities/Mentally Retarded (ICF/MR) shall be excluded from the target group.~~

#### **E. 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, alcohol and drug treatment, social, educational and other services.**

**Targeted case management may be an either face-to-face or by telephone contact with the beneficiary or significant support person and may be provided anywhere in the community. Targeted case management services may include contacts with non-eligible**

individuals that are directly related to the identification of the eligible beneficiary's needs and care, for the purposes of helping the eligible beneficiary access services, identifying needs and supports to assist the eligible beneficiary 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))

Targeted case management means services individuals that assist a beneficiary to access needed medical, alcohol and drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities include (dependent upon the practitioner's judgment regarding the activities needed to assess and/or treat the beneficiary): communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.

D 1 — Mentally Disabled

~~Client specific services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational and other services. Defined services are:~~

Targeted case management includes the following assistance:

1. Evaluation

~~Purpose: To determine the individual's strengths, needs, and resources this activity would typically include assessment and periodic reassessment of the level of psychosocial impairment, physical health problems, self-care potential, support network availability, adequacy of living arrangements, financial status, employment status, and potential and training needs. The case manager will review all available medical, psych-social, and other records; meet with the client as necessary; and consult with treatment staff and other agencies. Contracts may be face to face or by telephone with the clients, family, or significant others.~~

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for establishment or continuation of targeted case management services to access other services in the community or other parts of the Medi-Cal program. These assessment activities include:

- a. Taking client history;
- b. Identifying the individual's needs and completing related documentation, and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the individual;
- c. Assessing support network availability, adequacy of living arrangements, financial status, employment status, and potential and training needs;
- d. Reviewing all available medical, psych-social, and other records.

**Assessments are conducted on an annual basis.**

**2. Plan Development**

~~Purpose: To develop a written, comprehensive, individual service plan (ISP), which specified the treatment, services activities, and assistance needed to accomplish the objectives negotiated between the client and case manager. The service plan must describe the nature, frequency, and duration of services to be offered. Contacts may be face to face or by telephone with the client, family, or significant others.~~

- 2. Development and Periodic Revision of a Client Plan that is:**
  - a. Based on the information collected through the assessment;**
  - b. Specifies the goals, treatment, service activities, and assistance to address the negotiated objectives of the plan and the medical, social, educational, and other services needed by the individual;**
  - c. Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and**
  - d. Identifies a course of action to respond to the assessed needs of the eligible individual.**

**3. Emergency Intervention**

~~Purpose: To intervene with the client/others at the onset of a crisis to provide support and assistance in problem resolution and to coordinate or arrange for the provision of other needed services. Contacts may be face to face or by telephone with the client, family, or significant others.~~

- 3. Referral and Related Activities:**
  - a. To help an eligible individual obtain needed services including activities that help link an individual with medical, alcohol and drug treatment, social, educational providers or other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual;**
  - b. To intervene with the client/others at the onset of a crisis to provide assistance in problem resolution and to coordinate or arrange for the provision of other needed services;**
  - c. To identify, assess, and mobilize resources to meet the client's needs. Services would typically include consultation and intervention on behalf of the client with Social Security, social services and health departments, and other community agencies, as appropriate;**
  - d. Placement coordination services when necessary to address the identified mental health condition, including assessing the adequacy and appropriateness of the client's living arrangements when needed. Services would typically include locating and coordinating the resources necessary to facilitate a successful and appropriate out-of-home**

placement and consulting, as required, with the care provider.

4. Placement Services

Purpose: To assess the adequacy and appropriateness of the client's living arrangements and to assist in securing alternative living arrangements when needed. Services would typically include locating and coordinating the resources necessary to facilitate a successful and appropriate out of home placement, monitoring the client's progress, and consulting, as a required, with the care provider. Contacts may be face-to-face or by telephone with the client's family, significant other, or service provider.

4. Monitoring and Follow-Up Activities:

- a. Activities and contacts that are necessary to ensure the Client Plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals 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 individual's Client Plan;
  - Services in the Client Plan are adequate; and
  - There are changes in the needs or status of the individual, and if so, making necessary adjustments in the Client Plan and service arrangements with providers.
- b. Activities to monitor, support, and assist the client on a regular basis in developing or maintaining the skills needed to implement and achieve the goals of the Client Plan. Services would typically include support in the use of psychiatric, medical, educational, socialization, rehabilitation, and other social services. Monitoring and update of the Client Plan is conducted on an annual basis.

5. Assistance in Daily Living

Purpose: To monitor, support, and assist the client on a regular basis in developing or maintaining the skills needed to implement and achieve the goals of the ISP. Services would typically include support in the use of psychiatric, medical, and dental services; guidance in money management; and the use of educational, socialization, rehabilitation, and other social services.

6. Linkage and Consultation

Purpose: to identify, assess, and mobilize resources to meet the client's needs. Services would typically include consultation and intervention on behalf of the client with Social Security, welfare and health departments, and other community agencies, as appropriate. Although contact with the client, family, or

~~significant others is not required, contacts must be on behalf of a specific client.~~

~~Client case records shall specify which case management service(s) has been provided, the date of the service(s), and the time providing the service(s).~~

#### ~~D. Definition of Service~~

##### ~~\_\_\_\_\_ D-2 Developmentally Disabled~~

~~Regional center case management, as provided to eligible developmentally disabled clients, via contract with the Department of Developmental Services (DDS) and authorized by the Lanterman Act, are those individual services that will assist beneficiaries in gaining access to needed medical, social, educational, and other services.~~

##### ~~1. \_\_\_\_\_ Background~~

~~California's developmental disabilities service system is administered by DDS which, as of January of 1988, was serving 88,314 Clients and has expenditures of \$911 million. DDS directly administers 7 state developmental centers (formerly called state hospitals) and contracts on an annual basis with 21 boards of directors of private, nonprofit corporations to operate regional centers (case management provider agency). It is through these contracts that DDS ensures program and financial accountability for regional center case management services.~~

~~The regional center system is governed by the Lanterman Developmental Disabilities Services Act of 1977 (Division 4.5 of the California Welfare and Institutions Code). Under the Act, DDS is responsible for coordinating the services of many state departments and community agencies to ensure that no gaps occur in communication or the provisions of services to persons with developmental disabilities.~~

~~The catchment area boundaries for the regional centers conform to county boundaries or groups of counties, except for Los Angeles County which is divided into 7 areas, each served by a regional center.~~

##### ~~2. \_\_\_\_\_ Core Elements of Case Management~~

~~For purposes of the Medicaid Targeted Case Management Services program, the provision of services will be limited to case management services provided by the regional centers (case management provider agency). Case management is the process of needs assessment, setting of objectives related to needs, service scheduling, program planning, and evaluating program effectiveness.~~

~~The regional center provides services which ensure that the changing needs of the person and the family are recognized on an ongoing basis and appropriate choices are provided among the~~

~~widest array of options for meeting those needs. Case management includes the following:~~

a. ~~Assessment~~

~~Assessment includes those case management services available to the developmentally disabled client in order to provide data necessary to develop a plan for current and future client services. This involves acquainting and educating the client, parent, or legal guardian with sources of services in the community; providing procedures for obtaining services through the regional center; analyzing each client's medical, social, and psychological evaluations and any other evaluations necessary to determine appropriate resources to meet each client's needs and completing a treatment plan. (While physical and psychological examinations and evaluations are essential components of case management, these services fall within the scope of regular Medi-Cal benefits. As such, these services will not be billed as Targeted Case Management Services). Specific client objectives are discussed and strategies for achieving the stated objectives are identified.~~

b. ~~Individual Program Plan (IPP)~~

~~An IPP is created for each client who is determined, through the above described assessment, to be in need of such a plan. This is a process in which a client's abilities and needs are identified and goals. Objectives and plans are formulated by the case manager to meet the unique needs of the clients. The regional center case manager, the Client Service Coordinator (CSC), is responsible for the development of the IPP. The IPP includes an assessment of the client's specific capabilities and problems; time limited objectives for improving capabilities and resolving problems; a schedule of services to meet objectives; and a schedule of regular, periodic review and reassessment to ascertain that planned services have been provided and that objectives have been reach within times specified.~~

~~The IPP represents the cooperative effort and agreement of an interdisciplinary team which is composed of the regional center CSC, the client and/or legal representative, and other parties involved, as appropriate.~~

c. ~~Annual/Periodic Review~~

~~At least on an annual basis, CSC will complete a summation of client progress in achieving IPP objectives and an assessment of the client's current status. Based on this assessment, the regional center CSC and the person with developmental disabilities, or the conservator shall determine if reasonable progress has been made and shall be free to choose whether current service should be continued, modified, or discontinued. Periodic~~

~~reviews will be conducted when it is determined that the implementation of the client's IPP needs to be reviewed more frequently than once a year or where state/federal law requires more frequent reviews.~~

~~d. Discharge Planning~~

~~Discharge planning to assist the individual in transitioning from inpatient to outpatient status, and arranging for appropriate services for the person being discharged. This work needs to begin prior to the actual date of discharge, and for this reason, targeted case management services for discharge planning activities performed by the regional center for up to 180 days prior to an individual's actual discharge from an institutional setting are included.~~

~~Individuals requesting case management services may receive these services from the regional center responsible for the catchment area in which the individual resides. Catchment area boundaries have been established in order to assure individuals access to services within a reasonable distance for their residence. The individual's freedom of choice of providers is not, however, restricted to any particular regional center in that the individual may seek case management services from any regional center in the state.~~

~~The Lanterman Act requires that the performance of the CSC be reviewed at least annually by the regional center, the client, and the client's parents or guardian or conservator. The CSC may not continue to serve as a case manager for the client unless there is agreement by all parties that the CSC should do so. All parties shall be free to choose whether the CSC's services should be continued, modified, or discontinued. If the client is dissatisfied with a particular CSC, the regional center works with the client and the CSC in an attempt to resolve the problem. If the situation cannot be resolved, the client may transfer to another case manager.~~

~~Clients are not required to accept case management services. Should a client refuse to accept these services, this refusal shall not be used as a basis to restrict the client's access to other Medicaid funded services. Further, the provision of case management services will in no way restrict the individual's free choice of providers of other Medicaid funded services.~~

~~A fair hearing opportunity will be provided in compliance with Article 3 of the Lanterman Act for beneficiaries who believe they were not given the choice of case management services or who believe they are denied the service of their choice by the regional center.~~

~~A process of client fair hearings is described in the California Administrative Code, Title 17, Section 50540.~~

**F. Qualification of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b))**

F-1 Mentally Disabled

Targeted case management services may be provided by the following providers determined to be qualified to provide the service, consistent with state law.

"Under the supervision of" means that the supervisor instructs an employee or subordinate in their duties and oversees or directs the employee's or subordinate's work, but does not necessarily require the immediate presence of the supervisor.

Physician

Physicians in California must complete undergraduate education, medical school, a residency program, and a fellowship (if wanting to become a specialist, e.g. psychiatry). Upon completing their medical education, physicians must obtain licensure through the California Medical Board after a series of examinations. Physicians provide comprehensive medical care, health maintenance, and preventative services.

Physician Assistant (PA)

Physician Assistants must complete an approved physician assistant training program and pass the Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA) before obtaining licensure in the State of California. Licensed physicians may delegate health care tasks to physician assistants. A PA may perform those medical services as set forth by the regulations of the board when the services are rendered under the supervision of a licensed physician and surgeon. While under appropriate supervision, a PA may also administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device.

Psychologist

In order to obtain licensure in the State of California as a Psychologist, each candidate must: Possess a doctoral degree in psychology, educational psychology, or in education with a field of specialization in counseling psychology or educational psychology from a regionally accredited or a BPPVE approved academic institution; complete 3000 hours of qualifying supervised professional experience; take and pass the Examination for Professional Practice in Psychology (EPPP) and the CA Psychology Supplemental Exam (CPSE); and submit evidence of completing coursework in human sexuality, child abuse, substance abuse, spousal abuse, and aging and long-term care.

A psychologist delivering TCM may also be "Waivered Professional" who has a waiver of psychologist licensure issued by the Department or who has registered with the state licensing authority for psychologists to obtain supervised clinical hours for psychologist, licensure.

The practice of psychology is defined as rendering any psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations. The application of these principles and methods includes, but is not restricted to: diagnosis, prevention, treatment, and amelioration of psychological problems and emotional and mental disorders of individuals and groups. Psychotherapy within the meaning of this chapter means the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffective or maladaptive.

#### Licensed Clinical Social Worker (LCSW)

In order to obtain licensure as a social worker in the State of California, a candidate must earn their Masters Degree in Social Work from an accredited college or university, register with the Board of Behavioral Sciences as an Associate Clinical Social Worker, gain supervised post-masters work experience, complete additional coursework, and pass the LCSW standard written and standard clinical vignette examination.

A social worker delivering TCM may also be a Registered Professional who has registered with the state licensing authority for clinical social workers to obtain supervised clinical hours for clinical social worker licensure.

The practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a non-medical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.

#### Marriage and Family Therapist (MFT)

In order to obtain licensure as a Marriage and Family Therapist in the State of California, a candidate must earn their qualifying Masters Degree from an accredited college or university, register with the Board of Behavioral Sciences as a MFT intern, gain supervised post-masters work experience,

complete additional coursework, and pass the MFT standard written and standard clinical vignette examination.

A MFT delivering TCM may also be a Registered Professional who has registered with the state licensing authority for marriage and family therapists to obtain supervised clinical hours for, marriage and family therapist licensure.

The practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and pre-marriage counseling. The application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psycho-therapeutic techniques to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of coursework and training.

#### Registered Nurse (RN)

After completing an academic nursing program, RN candidates apply for licensure with the California State Board of Registered Nursing, where they must meet educational requirements, pass a criminal background check, and pass the national licensing examination.

The practice of nursing means those functions, including basic health care, that help people cope with difficulties in daily living that require a substantial amount of scientific knowledge or technical skill, including all of the following: Direct and indirect patient care services, including the administration of medications and therapeutic agents ordered by a physician, dentist, podiatrist, or clinical psychologist; The performance of skin tests, immunization techniques, and the withdrawal of blood; The observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and implementation of appropriate interventions, or emergency procedures, in accordance with standardized procedures.

#### Licensed Vocational Nurse (LVN)

There are four methods to qualifying for the licensure examination through the CA Board of Vocational Nursing and Psychiatric Technicians. Method #1: Graduation from a California accredited Vocational Nursing Program. Method #2: Graduation from an out-of-state accredited Practical/Vocational Nursing Program. Method #3: Completion of equivalent education and experience including: Pharmacology - 54 hours, paid bedside nursing experience - 51 months, and verification of skill proficiency. Method #4: Completion of education and experience as a corpsman in the U.S. Military, including 12 months active duty rendering direct bedside patient care, completion of the basic course in

nursing in a branch of the armed forces, and general honorable discharge from the military.

The practice of vocational nursing is the performance of services requiring those technical, manual skills acquired by means of a course in an accredited school of vocational nursing. LVNs are entry-level health care providers practicing under the direction of a physician or registered nurse. An LVN, when directed by a physician, may do all of the following: administer medications by hypodermic injection, withdraw blood from a patient (under certain conditions), and start/superimpose intravenous fluids (under certain conditions). An LVN, acting under the direction of a physician may perform: tuberculin skin tests, coccidioidin skin tests, histoplasmin skin tests, and immunization techniques.

#### Psychiatric Technician (PT)

Requirements for psychiatric technician licensure are specified in the Psychiatric Technicians Law. There are three (3) methods by which one may qualify for the licensure examination. Each method is designed to provide an individual access into the job market as an entry-level practitioner. Method #1: Graduation from a California accredited Psychiatric Technician Program. Method #2: Completion of equivalent education and experience. Education requirements consist of study in pharmacology, nursing science, mental disorders, developmental disabilities, and related content. Method #3: Completion of education and experience as a corpsman in the U.S. military.

PTs implement procedures and techniques which involve understanding of cause and effect and which are used in the care, treatment, and rehabilitation of mentally ill, emotionally disturbed, or mentally retarded persons. PTs have direct responsibility for administering or implementing specific therapeutic procedures, techniques, treatments, or medications with the aim of enabling patients to make optimal use of their therapeutic regime, their social and personal resources, and their residential care. PTs are also responsible for the application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of patients, for the accurate recording of such symptoms and reactions, and for the carrying out of treatments and medications as prescribed by a licensed physician and surgeon or a psychiatrist.

#### Mental Health Rehabilitation Specialist (MHRS)

A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

### Pharmacist

Pharmacist means a person licensed as a pharmacist by the California Board of Pharmacy. Pharmacists must complete education at a college of pharmacy or department of pharmacy of a university recognized by the Board of Pharmacy, complete 1500 hours of pharmacy practice experience (or the equivalent), and pass a written and practical examination before obtaining licensure in the State of California.

A pharmacist may: Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber; Transmit a valid prescription to another pharmacist; Administer, orally or topically, drugs and biologicals pursuant to a prescriber's order; Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1; Manufacture, measure, fit to the patient, or sell and repair dangerous devices or furnish instructions to the patient or the patient's representative concerning the use of those devices; Provide consultation to patients and professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals; Furnish emergency contraception drug therapy as authorized by Section 4052.3; and Administer immunizations pursuant to a protocol with a prescriber.

### Occupational Therapist (OT)

Before obtaining licensure as an Occupational Therapist in the State of California, the candidate must complete the academic requirements of an accredited educational program for occupational therapy, complete a minimum of 960 hours of supervised fieldwork experience within 24 months of completion of didactic coursework, and pass an examination through the Board of Occupational Therapy.

The practice of occupational therapy is the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health. Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training).

### Other Qualified Provider

Any person determined to be qualified to provide the service, consistent with state law.

Additional Qualifications Apply to Staff Who Function as Heads of Service as Follows:

Psychiatrist

A psychiatrist who directs a service shall have a license as a physician and surgeon in this state and show evidence of having completed the required course of graduate psychiatric education as specified by the American Board of Psychiatry and Neurology in a program of training accredited by the Accreditation Council for Graduate Medical Education, the American Medical Association or the American Osteopathic Association.

Psychologist

A psychologist who directs a service shall have obtained a California license as a psychologist granted by the State Board of Medical Quality Assurance or obtain such licensure within two years following the commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979; and shall have two years of post doctoral experience in a mental health setting.

Licensed Clinical Social Worker

A social worker who directs a service shall have a California license as a clinical social worker granted by the State Board of Behavioral Science Examiners or obtain such licensure within three years following the commencement of employment, unless continuously employed in the same class in the same program or facility as of January 1, 1979, or enrolled in an accredited doctoral program in social work, social welfare, or social science; and shall have two years of post master's experience in a mental health setting.

Marriage and Family Therapist

A marriage and family therapist (formerly marriage, family and child counselor) who directs a service shall have obtained a California license as a marriage and family therapist granted by the State Board of Behavioral Science Examiners and have received specific instruction, or its equivalent, as required for licensure on January 1, 1981, and shall have two years of post master's experience in a mental health setting. The term, specific instruction, contained in Sections 5751 and 5751.3 of the Welfare and Institutions Code, shall not be limited to school, college, or university classroom instruction, but may include equivalent demonstrated experience in assessment, diagnosis, prognosis, and counseling, and psychotherapeutic treatment of premarital, marriage, family, and child relationship dysfunctions.

Registered Nurse

A nurse shall be licensed to practice as a registered nurse (RN) by the Board of Nursing Education and Nurse Registration in this State and possess a master's degree in psychiatric or public health nursing, and two years of nursing experience in a mental health setting. Additional post baccalaureate nursing experience in a mental health setting may be substituted on a year-for-year basis for the educational requirement.

#### Licensed Vocational Nurse

A licensed vocational nurse shall have a license to practice vocational nursing by the Board of Vocational Nurse and Psychiatric Technician Examiners and possess six years of post license experience in a mental health setting. Up to four years of college or university education may be substituted for the required vocational nursing experience on a year-for-year basis.

#### Psychiatric Technician

A psychiatric technician shall have a current license to practice as a psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners and six years of post license experience in a mental health setting. Up to four years of college or university education may be substituted for the required psychiatric technician experience on a year-for-year basis.

#### Mental Health Rehabilitation Specialist

A Mental Health Rehabilitation Specialist qualifies as head of services with the same requirements as listed above for service provision: A Mental Health Rehabilitation Specialist shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.

~~SD/MC reimbursement for hospital and clinic services is provider-specific based, upon costs (to a maximum) that are unique to that provider. The provider, moreover, must be certified by DHS to be eligible for the SD/MC Program, and certification is dependent upon compliance with established staffing standards. For case management services, the same basic principles will apply. County mental health programs will have two options:~~

- ~~1. Case management services may be added as a mode of service to be provided by certified SD/MC clinics. This option may be the more appropriate and cost effective one for small county programs with a limited number of staff and/or service providers and relatively few clients who require case management services. The designated case manager(s) may be required to perform other duties in addition to case~~

~~management services, but a clear audit trail for case management services will be assured by requiring counties to maintain a unique cost center for case management services and to document case management activities separately; i.e., a separate case record or a separate section of the clinical record.~~

- ~~2. A distinct program unit, or more than one, may be established by the county and certified by DHS to provide and be reimbursed FFP for the case management mode of service. The identified unit(s) will be required (1) to have a unique provider number, (2) to meet staffing standard requirements, and (3) to have in place a utilization review system.~~

~~Case management services, whether provided by a certified SD/MC clinic or by a distinct program unit which provide case management services exclusively, shall be provided by or under the direction of Title 9, CCR, Sections 623, 624, 625, 627, 628, and 629 (minimum qualifications which apply to the head or chief of a particular service).~~

~~Case managers who will function under the supervision of the licensed professional noted above will include staff who are social workers (licensed and nonlicensed), nurses, marriage, family and child counselors, and, in some instances, staff with mental health experience but varied backgrounds who have been hired into job classifications of a generic nature, i.e., mental health specialists.~~

~~The State will require that supervisor/supervisees ratios for case management services be commensurate to the professionalism and experience of the case management staff. The local mental health director is held responsible to assure the quality of services provided subject to DMH and DHS oversight.~~

~~E. Qualification of Providers~~

~~The CSC, employed by the regional center, will be designated as the provider of TCM services. The minimum requirement is a degree in social sciences or a related field. Case management experience in the developmental disabilities field or a related field may be substituted for education on a year for year basis. Case aides will do basic duties such as working by telephone with consumers and families. They assist in screening calls for services and frequently resolve requests for services. The case aides are employed by the regional center and work under the direct supervision of the CSC.~~

**G. 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 section 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.**

- H. Freedom of Choice Exception (Section 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 chronic mental illness receive needed services:
- I. 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:
- Targeted case management services will not be used to restrict an individual's access to other services under the plan.
  - Individuals will not be compelled to receive case management services, condition receipt of targeted case management on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of targeted case management services; and
  - Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- J. Payment (42 CFR 441.18(a)(4))  
Payment for 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.
- K. Case Records (42 CFR 441.18(a)(7))  
Providers maintain case records that document for all individuals receiving targeted case management as follows:
1. The name of the individual
  2. The dates of the targeted 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 targeted case management services received and whether goals specified in the client plan have been achieved
  5. Whether the individual has declined services in the client 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 client plan
- L. Limitations  
Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in 42 CFR section 441.169 when the targeted case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in 42 CFR section 441.169 when the targeted 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; and making placement arrangements. (42 CFR 441.18(c))

FFP only is available for 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 section 1903(c) of the Act. (Sections 1902(a)(25) and 1905(c))

F. Additional Assurances

F-1 Mentally Disabled

~~County mental health programs which claim SD/MC reimbursement for case management services shall be required to provide and abide by the following assurances. DMH and DHCS, as the single state agency, shall monitor to assure that:~~

M. Additional Limitations

Targeted Case Management Services are not reimbursable on days when Psychiatric Inpatient Hospital Services; Psychiatric Health Facility Services or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission to these services or for the purpose of coordinating placement of the beneficiary upon discharge.

1. Reimbursement

~~SD/MC reimbursement for case management services provided to residents of an inpatient hospital or skilled nursing/intermediate care (SNF/ICF) facility will be claimed only for evaluation and placement services. Those case management services, as defined in Attachment to Supplement 1 to Attachment 3.1 A, will not be allowed as a substitute for or as a part of the screening and other requirements of Public Law 100-203 (Nursing Home Reform).~~

~~FFP for case management evaluation and placement services provided to residents of an inpatient hospital or an SNF/ICF will be limited to a period of 30 days immediately~~

~~prior to the eligible individual's discharge from the facility to non-institutional care. Moreover, while acknowledging that, for a variety of possible reasons, discharge may not always materialize as planned; the State, nevertheless, will limit reimbursement for such case management services to a maximum of 2 nonconsecutive episodes of 30 days or less per institutional stay.~~

~~2. Record Keeping/Utilization Review~~

~~Record keeping/utilization review requirements are fully implemented.~~

~~DMH utilization review standards for case management services will be similar to those which have been developed and implemented for hospital inpatient and outpatient clinic services. DMH will develop an appropriate utilization review protocol which will be submitted to DHCS for review and concurrence prior to implementation.~~

~~DMH shall require local mental health programs and providers of case management services to utilize existing systems, or establish necessary additional systems, to review the quality and appropriateness of case management services funded by Medi-Cal and shall audit for compliance. County or provider utilization review committees should anticipate that DMH utilization review audits shall:~~

- ~~a. Verify that providers of case management services have a continuous operational program of utilization review in effect under which the admission of each client for case management services is reviewed for approval.~~
- ~~b. Verify that the client meets the criteria established for the target population.~~
- ~~c. Verify that the county/provider has established criteria, and applied that criteria, to evaluate the need for case management services and for termination of case management services.~~
- ~~d. Verify that the need for case management services has been established and clearly documented. The initial review by the county or provider's utilization review committee shall be within 60 days of the client's admission for case management service; subsequent review shall be scheduled, at a minimum, every 6 months.~~
- ~~e. Verify that the case management service plan (goals, objectives, time frame) are appropriate to the identified need(s) and that the interventions of the case manager are appropriate to the goals, objectives, and projected time frame.~~
- ~~f. Identify and recoup inappropriate payments of FFP.~~

~~g. Provide an administrative mechanism for providers who wish to appeal a review finding.~~

~~F. Additional Assurances~~

~~— F-2 Developmentally Disabled~~

~~— No assurances.~~

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