
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES *(continued)*

Target Group: Chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons.

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:

- Case management (including 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 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
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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.

Limitations:

- Case management does not include the following:
 - Activities not consistent with the definition of case management services under Section 6052 of the Deficit Reduction Act (DRA); the direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred. (2001 SMD)
 - Activities integral to the administration of foster care programs. (2001 SMD); and
 - Activities for which third parties are liable to pay. (2001 SMD)
- The State assures that individuals meeting provider qualifications under the plan to provide case management as well as other direct medical, educational, social or other services for which an eligible individual has been referred will not provide both case management and direct services to the same individual.
- ~~Effective for services provided on or after 09-01-17, standard case management will be limited to 16 units per member per year. Additional units may be authorized for members that meet established medical necessity criteria.~~

Revised ~~09-01-17~~ 11-01-19

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Approval Date _____

Effective Date _____

Supersedes TN # _____