

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

TARGETED CASE MANAGEMENT SERVICES

Individuals with Intellectual and Related Disabilities

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

South Carolina Medicaid eligible individuals with a suspected diagnosis of Intellectual Disability defined as significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental phase, prior to age 22 years, OR a related disability as defined as a severe, chronic condition found to be closely related to retardation Intellectual Disability and meet the five following conditions:

1. It is manifested before 22 years of age for Intellectual Disability and related disabilities.
2. It is likely to continue indefinitely;
3. It results in substantial functional limitations in 3 or more of the following areas of major life activities: Self Care, Understanding and use of language, learning, mobility, self-direction, and capacity for independent living;
4. The person's needs are such that supervision is necessary due to impaired judgment, limited capabilities, behavior problems, abusiveness, assaultive behavior or because drug effects/medical monitoring; and
5. The person is in need of services directed toward acquiring skills to function as independently as possible or the prevention or regression or loss of current optimal functional status.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 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):

- X 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.
X 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:

- ❖ Comprehensive Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;

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- 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 eligible individual;
 - Assessments shall be conducted at least every 365 days, but may occur more frequently when significant changes occur or new needs are identified.
 - Development (and periodic revision as needed) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - 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
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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 care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The following monitoring requirements must be performed and documented in the record as follows:

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- Face-to-Face with the eligible individual at least once every 180 days to ensure appropriateness of continued services; and at least one annual visit in the individual's natural environment to ensure appropriateness of services; and
- Face-to-face or telephone contact with eligible individual, family member, authorized representative, or provider at least every sixty (60) days to ensure appropriateness, utilization and continued need for services.

X 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)):
TCM Provider Qualifications

The provider agency/entity must have:

- An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs.);
- Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
- Staff with case management qualifications;
- Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
- A minimum of three years providing comprehensive case management services to the target group;
- Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
- Complied with all State licensing and practice requirements, under Title 40 of the S.C. Code of Laws, that apply to the service;
- Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
- Established system to document and maintain individual case records in accordance with state and federal requirements;

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Intellectual and Related Disabilities

- Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
- Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis; and,
- Been recognized as a business or non-profit in good standing by local municipality or the State of South Carolina; and
- Ability to secure and store all records in-state or within 25 miles of the South Carolina Border.

The Targeted Case Manager Supervisor Qualifications:

- Possess a Bachelor's degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and have two years of supervisory experience and two years of case management experience; and
- Be employed by the TCM Provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List; and
- Be familiar with the resources for the service community.

The Targeted Case Manager must at a minimum:

1. Be employed by the TCM enrolled provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List;
2. Possess baccalaureate or graduate degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and documentation of at least one year of experience working with the target population. The degree must be from an institution that is accredited by a nationally recognized educational accrediting body;
3. Have the ability to access multi-disciplinary staff when needed;
4. Have documented experience, skills, or training in:
 - a. Crisis Intervention;
 - b. Effective Communication; and,
 - c. Cultural diversity and competency.
5. Possess knowledge of community resources; and,
6. Possess a working knowledge of families and/or systems theory.

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.

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Individuals with Intellectual and Related Disabilities

2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care 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:

- 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.

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

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) 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 §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Intellectual and Related Disabilities

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 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))

Case management does not include:

- Activities to clients participating in any waiver program that includes case management services;
- Program activities of the agency itself that do not meet the definition of TCM;
- Diagnostic and/or treatment services;
- 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; and,
- Services that are an integral part of another service already reimbursed by Medicaid.

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TARGETED CASE MANAGEMENT SERVICES

At Risk Children

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):
South Carolina Medicaid eligible children under the age of 21 years old that meet specific needs based criteria and are "at risk" due to one of the following :

- 1) At high risk for medical compromise due to one of the following conditions:
 - a. Failure to take advantage of necessary health care services;
 - b. Noncompliance with their prescribed medical regime;
 - c. An inability to coordinate multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization;
 - d. An inability to understand medical directions because of comprehension barriers;
 - e. A lack of a community support system to assist in appropriate follow-up care at home;
 - f. Offending or victimization;
 - g. A victim of abuse, neglect or violence;
 - h. Medical complexity that requires frequent care planning;
 - i. Children who have or are suspected of having a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay and/or intellectual disabilities and who are less than age 6;
 - j. Children who at anytime during the past year have a diagnosable mental, behavioral or diagnostic criterion that meets the coding and definition criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 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): 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:

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TARGETED CASE MANAGEMENT SERVICES

At Risk Children

- ❖ Comprehensive Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - 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 eligible individual;
 - Assessments shall be conducted at least every 365 days, but may occur more frequently when significant changes occur or new needs are identified.
- ❖ Development (and periodic revision as needed) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - 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
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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 care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The following monitoring requirements must be performed and documented in the record as follows:

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At Risk Children

- Face-to-Face with the eligible individual at least once every 180 days to ensure appropriateness of continued services; and at least one annual visit in the individual's natural environment to ensure appropriateness of services; and
- Face-to-face or telephone contact with eligible individual, family member, authorized representative, or provider at least every sixty (60) days to ensure appropriateness, utilization and continued need for services.

X 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)):
TCM Provider Qualifications

The provider agency/entity must have:

- An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs.);
- Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
- Staff with case management qualifications;
- Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
- A minimum of three years providing comprehensive case management services to the target group;
- Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
- Complied with all State licensing and practice requirements, under Title 40 of the S.C. Code of Laws, that apply to the service.
- Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
- Established system to document and maintain individual case records in accordance with state and federal requirements;

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TARGETED CASE MANAGEMENT SERVICES

At Risk Children

- Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
- Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis;
- Been recognized as a business or non-profit in good standing by local municipality or the State of South Carolina; and
- Demonstrated ability to secure and store all records in-state or within 25 miles of the South Carolina Border.

The Targeted Case Manager Supervisor Qualifications:

- Possess a Bachelor's degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and have two years of supervisory experience and two years of case management experience; and
- Be employed by the TCM Provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List; and
- Be familiar with the resources for the service community.

The Targeted Case Manager must at a minimum:

7. Be employed by the TCM enrolled provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List;
8. Possess baccalaureate or graduate degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and documentation of at least one year of experience working with the target population. The degree must be from an institution that is accredited by a nationally recognized educational accrediting body;
9. Have the ability to access multi-disciplinary staff when needed;
10. Have documented experience, skills, or training in:
 - a. Crisis Intervention;
 - b. Effective Communication; and,
 - c. Cultural diversity and competency.
11. Possess knowledge of community resources; and,
12. Possess a working knowledge of families and/or systems theory.

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.

3. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.

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At Risk Children

4. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care 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:

- 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.

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

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) 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 §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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At Risk Children

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 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))

Case management does not include:

- Activities to clients participating in any waiver program that includes case management services;
- Program activities of the agency itself that do not meet the definition of TCM;
- Diagnostic and/or treatment services;
- 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; and,
- Services that are an integral part of another service already reimbursed by Medicaid.

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TARGETED CASE MANAGEMENT SERVICES

Adults with Serious and Persistent Mental Illness

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

South Carolina Medicaid eligible individuals age 21 and older who have a major mental disorder included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders classification under schizophrenia disorders, major affective disorder, severe personality disorder, psychotic disorder, and delusional (paranoid) disorders or diagnosis of a mental disorder and at least one hospitalization within the past 12 months for treatment of a mental disorder.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 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): 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:

- ❖ Comprehensive Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - 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 eligible individual;
 - Assessments shall be conducted at least every 365 days, but may occur more frequently when significant changes occur or new needs are identified.
- ❖ Development (and periodic revision as needed) of a specific care plan that is based on the information collected through the assessment that

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Adults with Serious and Persistent Mental Illness

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - 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
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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 care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The following monitoring requirements must be performed and documented in the record as follows:
 - Face-to-Face with the eligible individual at least once every 180 days to ensure appropriateness of continued services; and at least one annual visit in the individual's natural environment to ensure appropriateness of services; and
 - Face-to-face or telephone contact with eligible individual, family member, authorized representative, or provider at least every sixty (60) days to ensure appropriateness, utilization and continued need for services.

X 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))

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TARGETED CASE MANAGEMENT SERVICES

Adults with Serious and Persistent Mental Illness

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
TCM Provider Qualifications

The provider agency/entity must have:

- An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs.);
- Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
- Staff with case management qualifications; and
- Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
- A minimum of three years providing comprehensive case management services to the target group;
- Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
- Complied with all State licensing and practice requirements; under Title 40 of the S.C. Code of Laws, that apply to the service;
- Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
- Established system to document and maintain individual case records in accordance with state and federal requirements;
- Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
- Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis; and,
- Been recognized as a business or non-profit in good standing by local municipality or the State of South Carolina; and
- Must secure and store all records in-state or within 25 miles of the South Carolina Border.

The Targeted Case Manager Supervisor Qualifications:

- Possess a Bachelor's degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and have two years of supervisory experience and two years of case management experience; and
- Be employed by the TCM Provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List; and
- Be familiar with the resources for the service community.

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TARGETED CASE MANAGEMENT SERVICES

Adults with Serious and Persistent Mental Illness

The Targeted Case Manager must at a minimum:

13. Be employed by the TCM enrolled provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List;
14. Possess baccalaureate or graduate degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and documentation of at least one year of experience working with the target population. The degree must be from an institution that is accredited by a nationally recognized educational accrediting body;
15. Have the ability to access multi-disciplinary staff when needed;
16. Have documented experience, skills, or training in:
 - a. Crisis Intervention;
 - b. Effective Communication; and,
 - c. Cultural diversity and competency.
17. Possess knowledge of community resources; and,
18. Possess a working knowledge of families and/or systems theory.

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.

5. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
6. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care 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:

- 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.

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TARGETED CASE MANAGEMENT SERVICES

Adults with Serious and Persistent Mental Illness

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(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) 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 §440.169 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 §440.169 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))

Case management does not include:

- Activities to clients participating in any waiver program that includes case management services;
- Program activities of the agency itself that do not meet the definition of TCM;
- Diagnostic and/or treatment services;
- Restricting or limiting access to services, such as through prior authorization;

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TARGETED CASE MANAGEMENT SERVICES

Adults with Serious and Persistent Mental Illness

- Activities that are an essential part of Medicaid administration, such as outreach; intake processing, eligibility determination, or claims processing; and,
- Services that are an integral part of another service already reimbursed by Medicaid.

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TARGETED CASE MANAGEMENT SERVICES

At Risk Pregnant Women and Infants

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

South Carolina Medicaid eligible pregnant women who are at risk for medical compromise due to one of the following:

1. Failure to take advantage of necessary prenatal care or services, or
2. Noncompliance with their prescribed medical regime, or
3. An inability to coordinate multiple medical, social or other services due to the existence of an unstable medical condition in need of stabilization, or
4. An inability to understand medical directions because of comprehension barriers, And,
 - A. Is expecting her first live birth and has never parented a child, or
 - B. Has previously been pregnant, but experienced a stillbirth, miscarriage, or had an abortion, or
 - C. Has previously parented her child, but her parental rights were terminated, or
 - D. Has delivered a child, but the child died within the first 24 months of life, or
 - E. Has parented a child but there is an age gap of 15 or more years since the last delivery.
5. The pregnant woman must be willing to work with and receive visits from a nurse or other licensed practitioner of the healing arts during the pregnancy and consent to continued visits after the birth.
6. The At Risk Infant is eligible for case management under this population to the second birthday.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 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): 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:

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TARGETED CASE MANAGEMENT SERVICES

At Risk Pregnant Women and Infants

- ❖ Comprehensive Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - 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 eligible individual;
 - Assessments shall be conducted at least every 365 days, but may occur more frequently when significant changes occur or new needs are identified.
- ❖ Development (and periodic revision as needed) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - 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
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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 care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The following monitoring requirements must be performed and documented in the record as follows:
 - Face-to-Face with the eligible individual at least once every 180 days to ensure appropriateness of continued

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TARGETED CASE MANAGEMENT SERVICES

At Risk Pregnant Women and Infants

- services; and at least one annual visit in the individual's natural environment to ensure appropriateness of services; and
- Face-to-face or telephone contact with eligible individual, family member, authorized representative, or provider at least every sixty (60) days to ensure appropriateness, utilization and continued need for services.

X 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)):
TCM Provider Qualifications

The provider agency/entity must have:

- An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs.);
- Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
- Staff with case management qualifications; and
- Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
- A minimum of three years providing comprehensive case management services to the target group;
- Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
- Complied with all State licensing and practice requirements, under Title 40 of the S.C. Code of Laws, that apply to the service;
- Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
- Established system to document and maintain individual case records in accordance with state and federal requirements;
- Demonstrated ability to meet state and federal requirements for documentation, billing and audits;

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At Risk Pregnant Women and Infants

- Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis; and,
- Been recognized as a business or non-profit in good standing by local municipality or the State of South Carolina; and
- Ability to secure and store all records in-state or within 25 miles of the South Carolina Border.

The Targeted Case Manager Supervisor Qualifications:

- Possess a Bachelor's degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and have two years of supervisory experience and two years of case management experience; and
- Be employed by the TCM Provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List; and
- Be familiar with the resources for the service community.

The Targeted Case Manager must at a minimum:

19. Be employed by the TCM enrolled provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List;
20. Possess baccalaureate or graduate degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and documentation of at least one year of experience working with the target population. The degree must be from an institution that is accredited by a nationally recognized educational accrediting body;
21. Have the ability to access multi-disciplinary staff when needed;
22. Have documented experience, skills, or training in:
 - a. Crisis Intervention;
 - b. Effective Communication; and,
 - c. Cultural diversity and competency.
23. Possess knowledge of community resources; and,
24. Possess a working knowledge of families and/or systems theory.

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.

7. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
8. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

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TARGETED CASE MANAGEMENT SERVICES

At Risk Pregnant Women and Infants

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:

- 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.

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

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) 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 §440.169 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 §440.169 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

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TARGETED CASE MANAGEMENT SERVICES

At Risk Pregnant Women and Infants

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))

Case management does not include:

- Activities to clients participating in any waiver program that includes case management services;
- Program activities of the agency itself that do not meet the definition of TCM;
- Diagnostic and/or treatment services;
- 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; and,
- Services that are an integral part of another service already reimbursed by Medicaid.

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Psychoactive Substance Disorder

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

South Carolina Medicaid eligible individuals who are at risk of substance abuse, dependency or addiction or diagnosed with a substance disorder, psychoactive substance dependency, or induced organic mental disorders as defined in the current edition of the Diagnostic and Statistical Manual or individuals who have received treatment in an intensive alcohol and drug abuse treatment program or chemical dependence hospital.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 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): 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:

- ❖ Comprehensive Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - 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 eligible individual;
 - Assessments shall be conducted at least every 365 days, but may occur more frequently when significant changes occur or new needs are identified.
- ❖ Development (and periodic revision as needed) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Psychoactive Substance Disorder

- 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
- identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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 care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The following monitoring requirements must be performed and documented in the record as follows:
 - Face-to-Face with the eligible individual at least once every 180 days to ensure appropriateness of continued services; and at least one annual visit in the individual's natural environment to ensure appropriateness of services; and
 - Face-to-face or telephone contact with eligible individual, family member, authorized representative, or provider at least every sixty (60) days to ensure appropriateness, utilization and continued need for services.

X 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))

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Psychoactive Substance Disorder

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
TCM Provider Qualifications

The provider agency/entity must have:

- An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs.);
- Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
- Staff with case management qualifications; and
- Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
- A minimum of three years providing comprehensive case management services to the target group;
- Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
- Complied with all State licensing and practice requirements, under Title 40 of the S.C. Code of Laws, that apply to the service;
- Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
- Established system to document and maintain individual case records in accordance with state and federal requirements;
- Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
- Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis; and,
- Been recognized as a business or non-profit in good standing by local municipality or the State of South Carolina; and
- Ability to secure and store all records in-state or within 25 miles of the South Carolina Border.

The Targeted Case Manager Supervisor Qualifications:

- Possess a Bachelor's degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and have two years of supervisory experience and two years of case management experience; and
- Be employed by the TCM Provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List; and
- Be familiar with the resources for the service community.

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Psychoactive Substance Disorder

The Targeted Case Manager must at a minimum:

1. Be employed by the TCM enrolled provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List;
2. Possess baccalaureate or graduate degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and documentation of at least one year of experience working with the target population. The degree must be from an institution that is accredited by a nationally recognized educational accrediting body;
3. Have the ability to access multi-disciplinary staff when needed;
4. Have documented experience, skills, or training in:
 - a. Crisis Intervention;
 - b. Effective Communication; and,
 - c. Cultural diversity and competency.
5. Possess knowledge of community resources; and,
6. Possess a working knowledge of families and/or systems theory.

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.

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:

- 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.

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Psychoactive Substance Disorder

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(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) 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 §440.169 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 §440.169 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))

Case management does not include:

- Activities to clients participating in any waiver program that includes case management services;
- Program activities of the agency itself that do not meet the definition of TCM;
- Diagnostic and/or treatment services;
- Restricting or limiting access to services, such as through prior authorization;

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Psychoactive Substance Disorder

- Activities that are an essential part of Medicaid administration, such as outreach; intake processing, eligibility determination, or claims processing; and,
- Services that are an integral part of another service already reimbursed by Medicaid.

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TARGETED CASE MANAGEMENT SERVICES

Individuals at Risk for Genetic Disorders

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

South Carolina Medicaid eligible individuals who have been diagnosed with a genetic disorder, have preliminary laboratory tests showing evidence of a disorder or individuals who have a family member with an illness which is associated with a genetic disorder. The individual must be referred by the doctor of the individual who has been diagnosed with an illness which is caused by a genetic disorder.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 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): 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:

- ❖ Comprehensive Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - 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 eligible individual;
 - Assessments shall be conducted at least every 365 days, but may occur more frequently when significant changes occur or new needs are identified.
- ❖ Development (and periodic revision as needed) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

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State Plan under Title XIX of the Social Security Act
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Individuals at Risk for Genetic Disorders

- 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
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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 care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The following monitoring requirements must be performed and documented in the record as follows:
 - Face-to-Face with the eligible individual at least once every 180 days to ensure appropriateness of continued services; and at least one annual visit in the individual's natural environment to ensure appropriateness of services; and
 - Face-to-face or telephone contact with eligible individual, family member, authorized representative, or provider at least every sixty (60) days to ensure appropriateness, utilization and continued need for services.

X 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))

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TARGETED CASE MANAGEMENT SERVICES

Individuals at Risk for Genetic Disorders

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
TCM Provider Qualifications

The provider agency/entity must have:

- An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs.);
- Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
- Staff with case management qualifications; and
- Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
- A minimum of three years providing comprehensive case management services to the target group;
- Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
- Complied with all State licensing and practice requirements, under Title 40 of the S.C. Code of Laws, that apply to the service.
- Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
- Established system to document and maintain individual case records in accordance with state and federal requirements;
- Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
- Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis; and,
- Been recognized as a business or non-profit in good standing by local municipality or the State of south Carolina; and
- Ability to secure and store all records in-state or within 25 miles of the South Carolina Border.

The Targeted Case Manager Supervisor Qualifications:

- Possess a Bachelor's degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and have two years of supervisory experience and two years of case management experience; and
- Be employed by the TCM Provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List; and
- Be familiar with the resources for the service community.

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TARGETED CASE MANAGEMENT SERVICES

Individuals at Risk for Genetic Disorders

The Targeted Case Manager must at a minimum:

1. Be employed by the TCM enrolled provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List;
2. Possess baccalaureate or graduate degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and documentation of at least one year of experience working with the target population. The degree must be from an institution that is accredited by a nationally recognized educational accrediting body;
3. Have the ability to access multi-disciplinary staff when needed;
4. Have documented experience, skills, or training in:
 - a. Crisis Intervention;
 - b. Effective Communication; and,
 - c. Cultural diversity and competency.
5. Possess knowledge of community resources; and,
6. Possess a working knowledge of families and/or systems theory.

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.

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:

- 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.

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TARGETED CASE MANAGEMENT SERVICES

Individuals at Risk for Genetic Disorders

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(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) 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 §440.169 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 §440.169 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))

Case management does not include:

- Activities to clients participating in any waiver program that includes case management services;
- Program activities of the agency itself that do not meet the definition of TCM;
- Diagnostic and/or treatment services;
- Restricting or limiting access to services, such as through prior authorization;

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Individuals at Risk for Genetic Disorders

- Activities that are an essential part of Medicaid administration, such as outreach; intake processing, eligibility determination, or claims processing; and,
- Services that are an integral part of another service already reimbursed by Medicaid.

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Head and Spinal Cord Injuries and Similar Disabilities

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

South Carolina Medicaid eligible individuals suspected to have a traumatic brain injury, spinal cord injury or both or a similar disability not associated with the process of a progressive, degenerative illness, dementia, or a neurological disorder related to aging, regardless of the age of onset. Where the individual has substantial functional limitations and:

1. Has urgent circumstances affecting his/her health or functional status; and
2. Is dependent on others to provide or assist with critical health needs, basic activities of daily living or requires daily monitoring or supervision in order to avoid institutionalization.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 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):

- X 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.
X 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:

- ❖ Comprehensive Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - 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 eligible individual;
 - Assessments shall be conducted at least every 365 days, but may occur more frequently when significant changes occur or new needs are identified.

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Individuals with Head and Spinal Cord Injuries and Similar Disabilities

- ❖ Development (and periodic revision as needed) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - 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
 - identifies a course of action to respond to the assessed needs of the eligible individual;

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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 care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The following monitoring requirements must be performed and documented in the record as follows:
 - Face-to-Face with the eligible individual at least once every 180 days to ensure appropriateness of continued services; and at least one annual visit in the individual's natural environment to ensure appropriateness of services; and
 - Face-to-face or telephone contact with eligible individual, family member, authorized representative, or provider at least every sixty (60) days to ensure appropriateness, utilization and continued need for services.

X 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

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Individuals with Head and Spinal Cord Injuries and Similar Disabilities

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)):
TCM Provider Qualifications

The provider agency/entity must have:

- An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs.);
- Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
- Staff with case management qualifications; and
- Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
- A minimum of three years providing comprehensive case management services to the target group;
- Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
- Complied with all State licensing and practice requirements, under Title 40 of the S.C. Code of Laws, that apply to the service;
- Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
- Established system to document and maintain individual case records in accordance with state and federal requirements;
- Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
- Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis; and,
- Been recognized as a business or non-profit in good standing by local municipality or the State of South Carolina; and
- Ability to secure and store all records in-state or within 25 miles of the South Carolina Border.

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

TARGETED CASE MANAGEMENT SERVICES

Individuals with Head and Spinal Cord Injuries and Similar Disabilities

The Targeted Case Manager Supervisor Qualifications:

- Possess a Bachelor's degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and have two years of supervisory experience and two years of case management experience; and
- Be employed by the TCM Provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List; and
- Be familiar with the resources for the service community.

- The Targeted Case Manager must at a minimum:
 1. Be employed by the TCM enrolled provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List;
 2. Possess baccalaureate or graduate degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and documentation of at least one year of experience working with the target population. The degree must be from an institution that is accredited by a nationally recognized educational accrediting body;
 3. Have the ability to access multi-disciplinary staff when needed;
 4. Have documented experience, skills, or training in:
 - a. Crisis Intervention;
 - b. Effective Communication; and,
 - c. Cultural diversity and competency.
 5. Possess knowledge of community resources; and,
 6. Possess a working knowledge of families and/or systems theory.

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.

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:

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Head and Spinal Cord Injuries and Similar Disabilities

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.

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

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) 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 §440.169 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 §440.169 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))

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Head and Spinal Cord Injuries and Similar Disabilities

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))

Case management does not include:

- Activities to clients participating in any waiver program that includes case management services;
- Program activities of the agency itself that do not meet the definition of TCM;
- Diagnostic and/or treatment services;
- 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; and,
- Services that are an integral part of another service already reimbursed by Medicaid.

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**State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES

Individuals with Sensory Impairments

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

South Carolina Medicaid eligible non-institutionalized individuals between the ages 0 to 64 year diagnosed as legally blind, visually impaired, deaf, hard of hearing or multi-handicapped by a qualified specialist in the area of vision or hearing.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 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):

- X 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.
X 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:

- ❖ Comprehensive Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - 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 eligible individual;
 - Assessments shall be conducted at least every 365 days, but may occur more frequently when significant changes occur or new needs are identified.
- ❖ Development (and periodic revision as needed) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

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Individuals with Sensory Impairments

- 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
- identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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 care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The following monitoring requirements must be performed and documented in the record as follows:
 - Face-to-Face with the eligible individual at least once every 180 days to ensure appropriateness of continued services; and at least one annual visit in the individual's natural environment to ensure appropriateness of services; and
 - Face-to-face or telephone contact with eligible individual, family member, authorized representative, or provider at least every sixty (60) days to ensure appropriateness, utilization and continued need for services.

X 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))

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Sensory Impairments

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
TCM Provider Qualifications

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The provider agency/entity must have:

- An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs.);
- Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
- Staff with case management qualifications; and
- Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
- A minimum of three years providing comprehensive case management services to the target group;
- Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
- Complied with all State licensing and practice requirements, under Title 40 of the S.C. Code of Laws, that apply to the service.
- Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
- Established system to document and maintain individual case records in accordance with state and federal requirements;
- Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
- Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis; and,
- Been recognized as a business or non-profit in good standing by local municipality or the State of South Carolina; and
- Must secure and store all records in-state or within 25 miles of the South Carolina Border.

The Targeted Case Manager Supervisor Qualifications:

- Possess a Bachelor's degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and have two years of supervisory experience and two years of case management experience; and
- Be employed by the TCM Provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List; and
- Be familiar with the resources for the service community.

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Sensory Impairments

The Targeted Case Manager must at a minimum:

1. Be employed by the TCM enrolled provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List;
2. Possess baccalaureate or graduate degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and documentation of at least one year of experience working with the target population. The degree must be from an institution that is accredited by a nationally recognized educational accrediting body;
3. Have the ability to access multi-disciplinary staff when needed;
4. Have documented experience, skills, or training in:
 - a. Crisis Intervention;
 - b. Effective Communication; and,
 - c. Cultural diversity and competency.
5. Possess knowledge of community resources; and,
6. Possess a working knowledge of families and/or systems theory.

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.

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:

- 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.

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Sensory Impairments

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(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) 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 §440.169 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 §440.169 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))

Case management does not include:

- Activities to clients participating in any waiver program that includes case management services;
- Program activities of the agency itself that do not meet the definition of TCM;
- Diagnostic and/or treatment services;
- Restricting or limiting access to services, such as through prior authorization;

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TARGETED CASE MANAGEMENT SERVICES

Individuals with Sensory Impairments

- Activities that are an essential part of Medicaid administration, such as outreach; intake processing, eligibility determination, or claims processing; and,
- Services that are an integral part of another service already reimbursed by Medicaid.

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TARGETED CASE MANAGEMENT SERVICES

Adults with Functional Impairments

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

Coverage is limited to South Carolina Medicaid individuals in need of services and who meet all the following criteria:

- Individuals who are 18 years of age or older.
- Individuals who lack formal or informal resources to address their mental and physical needs.
- Individuals who have at least two functional dependencies or one functional dependency and a cognitive impairment.
- Individuals who require TCM assistance to obtain needed services.
- Individuals who are at risk for institutionalization.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 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):

- X 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.
X 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:

- ❖ Comprehensive Assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - 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 eligible individual;
 - Assessments shall be conducted at least every 365 days, but may occur more frequently when significant changes occur or new needs are identified.

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Adults with Functional Impairments

- ❖ Development (and periodic revision as needed) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - 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
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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 care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The following monitoring requirements must be performed and documented in the record as follows:
 - Face-to-Face with the eligible individual at least once every 180 days to ensure appropriateness of continued services; and at least one annual visit in the individual's natural environment to ensure appropriateness of services; and
 - Face-to-face or telephone contact with eligible individual, family member, authorized representative, or provider at least every sixty (60) days to ensure appropriateness, utilization and continued need for services.

X 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

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TARGETED CASE MANAGEMENT SERVICES

Adults with Functional Impairments

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)):
TCM Provider Qualifications

The provider agency/entity must have:

- An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs.);
- Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
- Staff with case management qualifications; and
- Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
- A minimum of three years providing comprehensive case management services to the target group;
- Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
- Complied with all State licensing and practice requirements, under Title 40 of the S.C. Code of Laws, that apply to the service;
- Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
- Established system to document and maintain individual case records in accordance with state and federal requirements;
- Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
- Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis; and,
- Been recognized as a business or non-profit in good standing by local municipality or the State of South Carolina; and
- Ability to secure and store all records in-state or within 25 miles of the South Carolina Border.

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TARGETED CASE MANAGEMENT SERVICES

Adults with Functional Impairments

The Targeted Case Manager Supervisor Qualifications:

- Possess a Bachelor's degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and have two years of supervisory experience and two years of case management experience; and
- Be employed by the TCM Provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List; and
- Be familiar with the resources for the service community.

The Targeted Case Manager must at a minimum:

1. Be employed by the TCM enrolled provider and not be on any State's or the Office of the Inspector General's Medicaid Exclusion List;
2. Possess baccalaureate or graduate degree from an accredited college or university or possess licensure from the South Carolina Labor, Licensing and Regulation Board as a registered nurse and documentation of at least one year of experience working with the target population. The degree must be from an institution that is accredited by a nationally recognized educational accrediting body;
3. Have the ability to access multi-disciplinary staff when needed;
4. Have documented experience, skills, or training in:
 - a. Crisis Intervention;
 - b. Effective Communication; and,
 - c. Cultural diversity and competency.
5. Possess knowledge of community resources; and,
6. Possess a working knowledge of families and/or systems theory.

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.

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:

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Adults with Functional Impairments

- 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.

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

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) 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 §440.169 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 §440.169 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))

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State/Territory: South Carolina**

TARGETED CASE MANAGEMENT SERVICES

Adults with Functional Impairments

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))

Case management does not include:

- Activities to clients participating in any waiver program that includes case management services;
- Program activities of the agency itself that do not meet the definition of TCM;
- Diagnostic and/or treatment services;
- 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; and,
- Services that are an integral part of another service already reimbursed by Medicaid.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Severely Emotionally Disturbed Children.
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8a of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8a and 8b of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Chronically Mentally Ill Adults
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8c of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8c and 8d of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Seriously Emotionally Disturbed Children.
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8e of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8f of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: At-Risk Pregnant Women
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8g of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8h of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Alcohol and Drug Abusers
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8i of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8j of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Persons with Sickle Cell Disease
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Pages 8k and 8l of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8l of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Physically Handicapped Children
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8m and 8n of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8n of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Children 0 - 21 in foster care
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8p of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8p, 8q and 8r of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Individuals with head and spinal cord injuries and related disabilities
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8s of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8s of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Individuals with sensory impairments
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8t of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8u of the Limitation Supplement to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

- A. Target Group: Department of Juvenile Justice
- 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 requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
- Refer to Page 8v of the Limitation Supplement to Attachment 3.1-A.
- E. Qualification of Providers:
- Refer to Page 8v-8w of the Limitation Supplement to Attachment 3.1-A.

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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Adults 18 and older in need of protective services

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 requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to Page 8y of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to Page 8y of the Limitation Supplement to Attachment 3.1-A.

TN No. MA 97-001
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- 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.
- G. Payment for case management service under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. MA 89-17
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TN No. MA 89-16

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