



**State Agency Meeting**  
**April 11, 2012**  
**2:00 PM**

**Targeted Case Management (TCM)**  
**Proposed Medicaid State Plan Amendment**

# What has happened with the TCM SPA the past 3 months?

- ▶ 12/23/11 – Publication of proposed TCM draft SPA to SCDHHS website.
  - ▶ 12/31/11 – 01/31/12 Comments accepted on TCM draft SPA.
  - ▶ 01/24/12 – Public meeting held at SCDHHS on proposed TCM SPA.
  - ▶ 01/31/12 – Comments period ended. Received
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# Since Dec. 23, 2011 *(continued)*

## **February 2012**

- ▶ Review of Comments
- ▶ Visit Sample of Providers

## **March 2012**

- ▶ Review Coverage Sections
  - ▶ Review Rates
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# Summary of TCM Public Comments

## Source

- ▶ Parent (26)
- ▶ DDSN Board (11)
- ▶ Private Provider (5)
- ▶ Consumer (2)
- ▶ Unknown (2)
- ▶ Advocacy (2)
- ▶ Other Family (2)

## Subject/Theme

- ▶ Budget Cut (32)
- ▶ Rate methodology (36)
- ▶ Frequency (9)
- ▶ Quality of Care (1)
- ▶ Freedom of Choice (3)
- ▶ Direct enrollment (2)
- ▶ Alternative Cost Saving (1)
- ▶ Attendance (4)
- ▶ Not applicable (4)
- ▶ Stressful (5)
- ▶ CM Assistant (3)

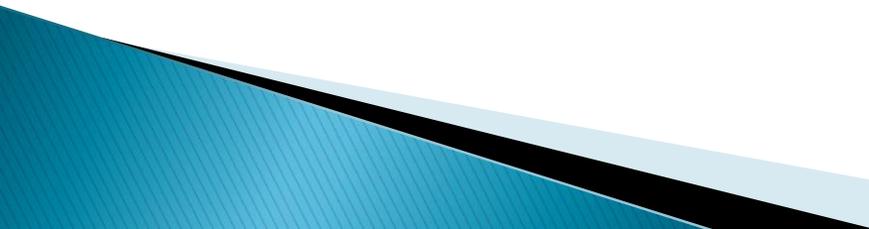
# SPA Includes

- ▶ Nine target populations
  - ▶ Proposed effective date of 01 / 01 / 2013
  - ▶ Medical necessity (Required of all Medicaid Services)
  - ▶ Prior authorization by QIO
  - ▶ Utilization control
  - ▶ All providers begin utilizing 15 minute unit of service
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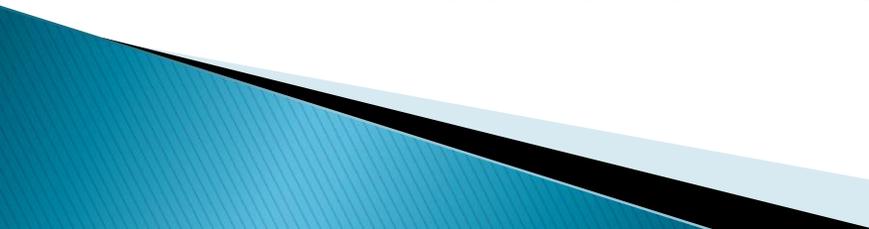
# SPA *(continued)*

- ▶ Provider agency/entity qualifications;
  - ▶ Minimum qualifications for all staff;
  - ▶ No cost settlements; and
  - ▶ Compliance with freedom of choice with no exemptions for DDSN and SCDMH.
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# Target Groups

1. Individuals with Intellectual and Related Disabilities
  2. At Risk Children (*includes: Severely & Seriously ED, EI, Medically Complex, Foster Care & Juvenile Justice*)
  3. Adults with Serious and Persistent Mental Illness (*re-name for Chronically Mentally Ill Adults*)
  4. At-Risk Pregnant Women and Infants
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# Target Groups

5. Individuals with Psychoactive Substance Disorder
  6. Individuals at Risk for Genetic Disorders
  7. Individuals with Head and Spinal Cord Injuries and
  8. Related Disabilities
  9. Individuals with Sensory Impairments
  10. Adults with Functional Impairments (FIA)
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# Proposed Effective Date

## January 1, 2013

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

# Medical Necessity

- ▶ Defined by SCDHHS as part of policy
- ▶ Requirement of all services billed to Medicaid

# Prior Authorization Requirements

- ▶ Developed SCDHHS and made available for review as part of policy changes
- ▶ SCDHHS will likely utilize its new QIO for this process.

# Unit of Service

- ▶ All providers will be required to begin utilizing 15 minute unit of service.

# Provider Agency/Entity Qualifications

*Wording based on the California TCM SPA*

- ▶ 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.);
- ▶ Demonstrate 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;

# Provider Agency/Entity Qualifications

*Wording based on the California TCM SPA  
(continued)*

- ▶ Staff with case management qualifications; and
  - ▶ Establish referral systems, demonstrated linkages, and referral ability with essential social and health service agencies.
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# Provider Agency/Entity Qualifications

*(continued)*

- ▶ A minimum of three years providing comprehensive case management services to the target group;
  - ▶ Administrative capacity to ensure quality services in accordance with state and federal requirements;
  - ▶ Financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles;
  - ▶ Capacity to document and maintain individual case records in accordance with state and federal requirements;
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# Provider Agency/ Entity Qualifications

*(continued)*

- ▶ Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
  - ▶ Ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis;
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# Provider Agency/ Entity Qualifications

*(continued)*

- ▶ Document that the provider is in good standing with local municipality or State of South Carolina as a recognized business or non-profit; and
  - ▶ Must secure and store all records in-state or within 25 miles of the South Carolina border.
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# Case Manager Supervisor

- ▶ Possess a Bachelor's degree in health or human services from an accredited college or university and have two years of supervisory experience and two years of case management experience;
  - ▶ 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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# Case Manager

- ▶ 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;

# Case Manager

- ▶ Possess baccalaureate or graduate degree from an accredited college or university in a health or human services field that promotes the physical, psychosocial, and/or vocational well-being of the individual being served 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;
  - ▶ Have the ability to access multi-disciplinary staff when needed;
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# Case Manager

- ▶ Have documented experience, skills, or training in:
    - Crisis Intervention;
    - Effective Communication; and,
    - Cultural diversity and competency.
  - ▶ Possess knowledge of community resources; and,
  - ▶ Possess a working knowledge of families and/or systems theory.
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# Proposed Rates

## Office Contact Rate

- ▶ \$15.00/fifteen minute service unit

## Out-of- Office Non-Congregate Contact Rate

- ▶ \$20.00/fifteen minute service unit

# Office Contact

The following locations will be covered as an office contact to include the following congregate settings to include:

- adult day care facility;
- club house programs;
- DDSN habilitation centers;
- schools; or
- Any setting in which the case manager sees two or more unrelated clients for the purpose of case management. Office contact will also include telephone contact .

# Out-of-Office, Non-Congregate Contact

This includes travel to the beneficiary's natural environment or residence and excludes made in a day, non-congregate setting. A residence >> could include a private home, group homes, custodial care facilities, acute hospitals, assisted living facilities, and non-institutional settings unless transitioning to community last 90 days of placement.

# Reimbursement Methodology

- ▶ The TCM rate proposals described above are subject to CMS approval.
  - ▶ The TCM market based rate was developed based on an analysis of annual compensation and fringe, travel, training, supplies, supervision and indirect cost of contracting state agencies and a Department proposed productivity factor.
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# Reimbursement *(continued)*

- ▶ It is anticipated that state agencies currently providing TCM services will be allowed a transition period of two years, SFY 2013 and SFY 2014, to fully implement the change from a cost based rate to a market based rate.
- ▶ During these two years, state agency specific cost based rates will be recognized as a component of the rate. For SFY 2013, the cost based component will comprise 75% of the TCM rate while the market based rate will make up 25%.
- ▶ The full implementation of the market based rate for TCM services will begin during SFY 2015.

# Freedom of Choice

- ▶ Medicaid beneficiaries must be able to freely choose their case management provider from among those that have qualified to participate in Medicaid and are willing to provide the services.
  - ▶ The State opted to not limit provider participation to specific persons or entities for individuals within the developmental disabilities or chronic mental illness target groups.
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# Implementation

Next steps upon approval by CMS:

- ▶ Update policy
  - ▶ Define medical necessity
  - ▶ Develop and finalize Prior Authorization process
  - ▶ Apply new provider enrollment process to all provider type.
  - ▶ Phase in transition plan
  - ▶ Finalize Freedom of Choice process
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