SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Medicaid Targeted Case Management
Case Management Plan

Division of Behavioral Health

Quality Assurance Team

2021

Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet criteria for medical necessity for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

Purpose of the Orientation

- To act as a guide for Medicaid Targeted Case Management (MTCM) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering MTCM.
  - While this presentation is designed to enhance understanding of the Medicaid standards regarding the MTCM Policy Manual, all aspects and policy are not covered in this presentation. Please review the MTCM Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

Overview of Case Management Plan

- The case management plan (CMP) is the development and periodic revision based on the information collected through the assessment, and includes the following:
  - Specific goals and actions to address the medical, social, educational and other services needed by the eligible individual;
  - 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 such goals; and,
  - Identifies a course of action to respond to the assessed needs of the eligible individual.
- The CMP shall be developed in consultation with the beneficiary, the beneficiary's family and/or other social support systems.
- The CMP shall serve as a guide for the Case Manager to assist the beneficiary and the beneficiary's family, guardian or legal representative in accessing appropriate services on behalf of the beneficiary and to move them through the service delivery system.

Timeframes of the CMP

- The initial CMP must be completed within 45 calendar days after the referral is received for MTCM services and after the completion of the assessment.
- Addendums or updates to the CMP should occur as needed. They must include the signature and title of the case manager who formulated the addendum and the date it was formulated.
- A CMP update must occur by the 180th day of the previous CMP for services to continue.
- If services are still needed after the update period, a complete reassessment and new CMP must be completed annually by day 365 of the initial assessment date.

Components of the CMP

- The CMP must include the following components:
  - Beneficiary's name, date of birth and Medicaid number.
  - Identification of the beneficiary's service needs. The CMP must address the beneficiary, including the family's preferences and choices.
  - The identified strengths and weaknesses of the beneficiary (if appropriate).
  - The services and actions required to meet the identified service needs.
  - The service provider or provider type, community programs and/or agencies to which the individual will be referred.
  - The frequency (monthly, weekly, daily, etc.) of activities should be addressed, if applicable. A projected completion date should be included.
  - Case Manager's handwritten signature, title and signature date.
- The beneficiary and/or their parent, guardian, or legal representative must sign the CMP during the planning meeting and be provided a copy of the signed CMP. If the beneficiary or their parent, guardian, or legal representative is unavailable, the Case Manager must document why the signature could not be obtained and must have them sign during the next face-to-face contact.

Additions and Changes to the CMP

- The CMP must be updated when changes are identified in family and individual strengths, needs, risk factors, desires, problems, resources, support network and/or individual goals.
- Additions and/or changes to the CMP must be dated and signed or initialed by the Case Manager.
- When the care planning component of MTCM is provided, the activity note must reference the CMP. However, this entry does not replace the requirement to document each MTCM activity in the note.
- Efforts to obtain services that are recommended in the CMP, but are unavailable to a beneficiary, must be included in the activity note documentation.

Updates/Reviews

- The Medicaid Targeted Case Manager must periodically monitor and re-evaluate the beneficiary's progress toward achieving the objectives identified in the CMP to determine whether the current services should be continued, modified or discontinued.
- Case management services rendered to a beneficiary whose CMP was not reviewed/updated by the 180th day of the previous CMP are not reimbursable by Medicaid from the 181st day until the date a new CMP is completed.


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