

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

- A. Target Groups: By invoking the exception to comparability allowed by 1915 (g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Aged 0-21 and meet the medical eligibility criteria of Commission for Handicapped Children, the state's Title V Crippled Children's Agency, and
 2. Persons of all ages meeting the medical eligibility criteria of the Commission for Handicapped Children and having a diagnosis of hemophilia.
- The individuals in the target groups may not be receiving case management services under an approved waiver program.
- 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 involved 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: Case management is a service instrument by which service agencies assist an individual in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1902 a (23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

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CASE MANAGEMENT SERVICES

D. Definition of Services: (Continued)

1. Assessment of client's medical, social, and functional status and identification of client service needs;
2. Arranging for service delivery from the client's chosen provider to insure access to required services;
3. Insure access to needed services by explaining the need and importance of services in relation to the client's condition;
4. Insure access, quality and delivery of necessary services, and
5. Preparation and maintenance of case record documentation to include service plans, forms, reports, and narratives, as appropriate.

E. Qualification of Providers:

Providers must be certified as a Medicaid provider meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management
 - (a) assessment
 - (b) care/sex-vices plan development
 - (c) linking/coordination of services
 - (d) reassessment/follow up
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrated experience with the target population.
4. An administrative capacity to insure quality of services in accordance with state and federal requirements.
5. A financial management system that provides documentation of services and costs.
6. Capacity to document and maintain individual case records in accordance with state and federal requirements.
7. Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider.
8. Demonstrated capacity to meet the case management service needs of the target population.

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State/Territory: Kentucky

CASE MANAGEMENT SERVICES

E. Qualifications of Providers (continued)

Qualifications of Case Manager (Only the following can be case managers)

1. Registered Nurse - Must be licensed as a Registered Nurse or possess a valid work permit issued by the Kentucky Board of Nursing.
2. Social Worker - A master's degree in social work supplemented by one year of professional social work experience; or a graduate of a college or university with a bachelor's degree supplemented by two years of professional social work experience.

F. The State 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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Targeted Case Management Services for Children in the Custody of or at Risk of Being in the Custody of the State, and for Children under the Supervision of the State, and for Adults in Need of Protective Services

- A. Target Groups: By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Age 0-21 and meet the state's conditions and circumstances to be defined as a child in the custody of or at risk of being in the custody of the state, or a child who is under the supervision of the state, and
 2. Adults who meet the state's conditions and circumstances to be defined as an adult 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 191 5(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 191 5(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: Case management is a service that allows providers to assist eligible individuals in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1 902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services they are referred to. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

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- (1) A written assessment of the child or adults needs;
- (2) Arranging for the delivery of the needed services as identified in the assessment;
- (3) Assisting the child and his family, or the adult, in accessing services needed by the individual child or adult.
- (4) Monitoring the child or adults progress by making referrals, tracking the child or adult's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child or adult's changing needs;
- (5) Performing advocacy activities on behalf of the adult, or the child and his family, to assure that the individual adult or child gains access to the services he or she needs.
- (6) Obtaining, preparing and maintaining case records documenting contacts, services needed, reports, the child or adult's progress, etc following provision of service to the child or the adult on behalf of the child or adult.
- (7) Providing case consultation (i.e., consulting with the service provider/collateral's in determining the child or adult's status and progress); and
- (8) Performing crisis assistance (i.e., intervention on behalf of the child or adult, making arrangements for emergency referrals, and coordinating other needed emergency services).

E. Qualification of Providers:

Providers must be certified as a Medicaid provider meeting the following criteria:

- (1) Demonstrated capacity to provide all core elements of case management including
 - (a) assessment;
 - (b) care/services plan development;
 - (c) linking/coordination of services; and
 - (d) reassessment/follow-up.
- (2) Demonstrated case management experience in coordinating and linking such community resources as required by one of the target populations.

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- (3) Demonstrated experience with one of the target populations.
- (4) An administrative capacity to insure quality of services in accordance with state and federal requirements.
- (5) Have a financial management system that provides documentation of services and costs.
- (6) Capacity to document and maintain individual case records in accordance with state and federal requirements.
- (7) Demonstrated ability to assure a referral process consistent with Section 1 902(a)(23) of the Act, freedom of choice of provider.
- (8) Demonstrated capacity to meet the case management service needs of the target population.

Qualifications of Case Manager (Only the following can be case managers)

Each case manager must be employed by an enrolled Medicaid provider or by an approved subcontractor of an enrolled Medicaid provider and must meet the following minimum requirements:

- (1) Have a Bachelor of Arts or Bachelor of Sciences degree in any of the social/behavioral sciences or related fields from an accredited institution; and
 - (2) Have one (1) year of experience working directly with the targeted case management population or performing case management services or have a master's degree in a human service field.
- 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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Targeted Case Management Services for children birth to 3 participating in the Kentucky Early Intervention Program

- A. Target Groups: By invoking the exception to comparability allowed by 1915(g)(i) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Children birth to three years of age who have developmental disabilities and who meet the eligibility criteria of and are participants in the Kentucky Early Intervention Program.
- The individuals in the target groups may not be receiving case management services under an approved waiver program.
- 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 involved to provided 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: Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, educational, and other services. Consistent with the requirements of Section 1902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred.

Case management is an active, ongoing process that involves activities carried out by a case manager to assist and enable a child eligible for services under the Kentucky Early Intervention Program in gaining access to needed medical, social, educational and other services. There are two parts to case management: Initial Service Coordination and Primary Service Coordination. Initial Service Coordination assists the child and child's family, as it relates to the child's needs, from the notice of referral through the initial development of the child's needs-identified Individualized Family Services Plan (IFSP). Primary Service Coordination assists the child and child's family, as it relates to the child's needs, with ongoing service coordination, for the child, provided by the individual service coordinator selected at the time the IFSP is finalized. A child would only have one service coordinator at a time.

These activities include:

- (1) Assessment of child's medical, social and functional status and identification of service needs;
- (2) Initial service coordination from notice of referral through initial IFSP development;
- (3) Assuring that all procedural safeguards are met during intake and IFSP development;
- (4) Arranging for and coordinating the development of the child's IFSP;
- (5) Arranging for the delivery of the needed services as identified in the IFSP;
- (6) Assisting the child and his family, as it relates to the child's needs, in accessing needed services for the child and coordinating services with other programs;
- (7) Monitoring the child's progress by making referrals, tracking the child's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child's changing service needs;
- (8) Performing activities to enable an eligible individual to gain access to needed services;
- (9) Obtaining, preparing and maintaining case records documenting contacts, services needed, reports, the child's progress, etc.;
- (10) Providing case consultation (i.e., with the service providers/collaterals in determining child's status and progress);

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- (11) Performing crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals, and coordinating other needed emergency services); and
 - (12) Facilitating and coordinating development of the child's transition plan.

E. Qualifications of Providers:

As provided for in Section 1915 (g)(1) of the Social Security Act, qualified providers shall be the Title V agencies and their subcontractors who meet the following Medicaid criteria in order to ensure that case managers for the children with developmental disabilities target group are capable of ensuring that such individuals receive needed services:

- 1. Demonstrated capacity to provide all core elements of case management including:
 - a) assessment;
 - b) care/services plan development;
 - c) linking/ coordination of services; and
 - d) reassessment/follow-up
- 2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population;
- 3. Demonstrated experience with targeted population;
- 4. An administrative capacity to insure quality of services in accordance with state and federal requirements; and
- 5. A financial management system that provides documentation of services End costs.

Qualifications of Case Manager (only the following can be case managers)

Each case manager must be a Kentucky Early Intervention Program certified service provider, and:

- A. Have a Bachelor's degree; and
- (1) 2 years experience in service coordination for children with disabilities up to age 18; or
 - (2) 2 years experience in service provision to children under six years of age; or
- B. Meet one of the following professional criteria:
1. Audiologist - Licensed or Certified,
 2. Family Therapist - M.A. and Certified,
 3. Developmental Interventionist - Certified or working toward an Interdisciplinary Early Childhood Certificate as demonstrated by implementing a professional development plan approved by the Cabinet for Health Services,
 4. Developmental Associate,
 5. Registered Nurse,
 6. Advanced Registered Nurse Practitioner,
 7. Dietitian - Licensed,
 8. Occupational Therapist - Licensed,
 9. Occupational Therapist Assistant - B.S. and Licensed,
 10. Orientation and Mobility Specialist - Certified,
 11. Physical Therapist - Licensed,
 12. Psychologist - Licensed or Certified,
 13. Speech Language Pathologist - Licensed or Certified,
 14. Speech Language Assistance - Licensed,
 15. Social worker - Licensed,
 16. Physician, Licensed,
 17. Nutritionist, Licensed

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- F. The State assures that the provision of case management services will not unlawfully 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 available providers of case management services.
 - (2) Eligible recipients will have free choice of the available providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES

- A. Target Group: By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Pregnant women who have not reached their twentieth birthday and will be first time parents;
 2. Pregnant women who are twenty years of age or older, will be first time parents, and screen positive for the home visitation program which shall be called Health Access Nurturing Development Services (HANDS). High risk screening factors include: first time mothers who are single, separated or divorced; those who had late, sporadic or no prenatal care; those who sought or attempted an unsuccessful abortion; partner unemployed; inadequate income or no source of income; unstable housing; no phone; education less than 12 years; inadequate emergency contacts; treatment of or current substance abuse; treatment of abortion; treatment of psychiatric care; relinquishment for adoption, sought or attempted; marital or family problems; treatment of or current depression;
 3. Infants and toddlers up to their third birthday who are children in families described in A.1 and A.2 of this subsection;
 4. First born infants up to twelve (12) weeks of age whose families were not identified prenatally and who assess into the program.
- 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 state wide:
- C. Comparability of Services:
- ☐ Services are provided in accordance with 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration and scope. Authority of 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of 1902(a)(10)(B).
- D. Definition of Services
- Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, education, and other services. Consistent with the requirement of Section 1902(a)(23) of the Act, the providers will monitor client treatment to

assure that clients receive services to which they are referred.

Case management is an active, ongoing process that involves activities carried out by case managers to assess and enable first time mothers and infants/toddlers who are eligible for services under the Kentucky HANDS (Health Access Nurturing Development Services) Program. There are two phases to case management - assessment and home "visitation. Both phases include assisting the infant/toddler, mother, or family in accessing needed services, developing a treatment plan, coordinating needed services, monitoring progress, preparing and maintaining case records, providing case consultation as specified by the plan, and providing follow-up and evaluation.

The service activities include:

1. Assessment
 - a) Provided by a Registered Nurse, Social Worker or Early Childhood Development Specialist;
 - b) Conducts a face-to-face needs assessment with the child, mother and family. The assessment shall include:
 - 1) parent's childhood experience;
 - 2) lifestyle behaviors and mental health status;
 - 3) parenting experience;
 - 4) stressors, coping skills and support system for the new family;
 - 5) anger management skills;
 - 6) expectations of infant's developmental milestones and behaviors;
 - 7) perception of new infant, and bonding and attachment issues;
 - 8) plans for discipline; and
 - 9) family environment and support system.
 - c) Develops a written report of the findings and a service plan for the family.
 - d) Assigns home visitor and arranges for the delivery of the needed services by other Medicaid and community providers as identified in the treatment plan.

2. Home Visitation

- a) A public health nurse, social worker, or family support worker who is supervised by a public health nurse, social worker or early childhood development specialist may perform a home visit;
- b) Assist the child and family, as it relates to the treatment plan, in accessing needed services and coordinating services with other programs;
- b) Monitor progress by making referrals, tracking the appointments, performing follow-up services, and performing periodic evaluation of the changing needs;
- c) Perform activities to enable the child and family to gain access to needed services;
- d) Prepare and maintain case records documenting contacts, services needed, reports, progress;
- e) Provide case consultation (i.e., with the service providers/collaterals in determining child's status and progress); and
- f) Perform crisis assistance (i.e., intervention on behalf of the child, making arrangement for emergency referrals, and coordinating other needed emergency service).

E. Qualifications of Providers:

1. Providers must be certified as a Medicaid provider meeting the following criteria:

- a) Demonstrated capacity to contract statewide for the case management services for the targeted population;
- b) Demonstrated capacity to ensure all components of case management including:
 - 1) screening,
 - 2) assessment,
 - 3) treatment plan development,
 - 4) home visiting,
 - 5) linking/coordination of services, and
 - 6) follow-up and evaluation;
- c) Demonstrated experience in coordinating and linking such community resources as required by the target population;
- d) Demonstrated experience with the target population;

- e) Administrative capacity to insure quality of services in accordance with state and federal requirements;
- f) Demonstrated capacity to provide certified training and technical assistance to case managers;
- g) Financial management system that provides documentation of services and costs;
- h) Capacity to document and maintain individual case records in accordance with state and federal requirements;
- i) Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider; and
- j) Demonstrated capacity to meet the case management service needs of the target population.

2. Qualifications of Case Manager

The case manager shall meet one of the following professional criteria:

- a) Registered Nurse – Must have a valid Kentucky Board of Nursing license as a registered nurse or advanced registered nurse practitioner.
- b) Social Worker – Meet the requirement of KRS Chapter 335 for licensure by the State Board of Examiners of Social Work, have a masters degree in social work, or have a bachelors degree in social work from an accredited institution.
- c) Early Childhood Development Specialist – have a bachelors degree in Family Studies, Early Childhood Education, Early Childhood Special Education, or a related Early Childhood Development Curriculum.
- d) Family Support Worker (FSW) – Have a high school diploma or GED, be 18 years of age or older, and have received core training prior to having family contact on assessment of family strengths and needs, service plan development, home visitor process, home visitor role, supporting growth in families, observing parent-child interactions, knowing indicators of parent-infant attachment, keeping home visit records, conducting service coordination and reassessment. In addition to the core training the family support worker receives continuing training on selected topics including confidentiality, community resources, developmental milestones, family violence, substance abuse, ethical issues, communication skills, HIV/AIDS training, and interviewing techniques. The FSW must be supervised by a registered nurse or social worker.

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- F. The state assures that the provision of case management services will not unlawfully 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 available providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

Targeted Case Management services for pregnant women including postpartum women for sixty (60) day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

- A. By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
- (1) Women diagnosed as a pregnant woman or postpartum woman up to the end of the month of sixty days following the date of delivery who has applied for or is receiving substance abuse services through Medicaid.
- B. Areas of State in which services will be provided:
- ☒ Entire State
- ☐ Only in the following geographic areas (authority of Section 191 5(g)(1) of the Act is involved to provided 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: Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, education, and other services. Consistent with the requirements of Section 1902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred.
- (1) Substance abuse case management services.
 - (a) Case management shall be:
 1. A face-to-face or telephone contact between or on behalf of an individual and a qualified substance abuse professional; and
 2. For the purpose of reducing or eliminating an individual's substance abuse problem by assisting an individual in gaining access to needed medical, social, educational and other support services.
 - (b) Case management services shall include:
 1. The development of a service plan that identifies an individual's case management needs and projected outcomes; and
 2. Activities that support the implementation of an individual's service plan
 - (c) Case management services shall not be connected with a specific type of substance abuse treatment but shall follow an individual across the array of substance abuse treatment services identified in an individual's treatment plan.

(d) Service limitations. The following activities shall not be reimbursed by Medicaid:

1. An outreach or case-finding activity to secure a potential individual for services;
2. Administrative activities associated with Medicaid eligibility determinations; and
3. The actual provision of a service other than a case management service.

A. Qualifications of Providers:

- 1) Services are covered when provided by any mental health center, and their subcontractors, and any other qualified providers, licensed in accordance with applicable state laws and regulations.
- 2) Demonstrated capacity to provide all core elements of case management including: Assessment skills, care/services plan development, linking/coordination of services, reassessment/follow-up, training specific to the target population, an administrative capacity to insure quality of services in accordance with state and federal requirements and a financial system that provides documentation of services and costs.
- 3) The provider shall employ or have a contractual agreement with a physician licensed in Kentucky.
- 4) A provider must have staff available to provide emergency services for the immediate evaluation and care of an individual in a crisis situation on a twenty-four (24) hour a day, seven (7) day a week basis.
- 5) Qualifications for case management services:
 - (a) An alcohol and drug counselor certified by the Kentucky Board of Certification for Alcohol and Drug Counselors;
 - (b) An individual who has a bachelor's degree or greater in any field, from an accredited college or university who meets the training, documentation and supervision requirements;
 - (c) A Kentucky licensed physician.
 - (d) A psychiatrist who is licensed in Kentucky.
 - (e) A psychologist licensed or certified by the Kentucky Board of Examiners of Psychology;
 - (f) A psychological associate certified by the Kentucky Board of Examiners of Psychology;

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- (g) A social worker licensed or certified in Kentucky;
 - (h) A Kentucky licensed registered nurse with the following combinations education and work experience:
 - 1. A registered nurse with a masters degree in psychiatric nursing from an accredited college or university;
 - 2. A bachelor of science degree in nursing from an accredited college or university and one year of clinical work experience in the substance abuse or mental health field;
 - 3. A diploma graduate in nursing and two years of clinical work experience in the substance or mental health field; or
 - 4. An associate degree in nursing from an accredited college or university and three years of clinical work experience in the substance abuse or mental health field;
 - (i) A Kentucky licensed advanced registered nurse practitioner;
 - (j) A marriage and family therapist licensed by the Kentucky Board of Licensure of Marriage and Family Therapists;
 - (k) A Kentucky-certified professional counselor; or
 - (l) A Kentucky-certified professional art therapist.
- F. The State assures that the provision of case management services will not unlawfully restrict an individual's free choice of providers in violation of section 1 902(a)(23) of the Act.
- (1) Eligible recipients will have free choice of the available providers of case management services.
 - (2) Eligible recipients will have free choice of the available providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use DisordersTarget Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

A. The target group includes adults and children who:

1. Have a primary moderate or severe substance use disorder diagnosis or co-occurring substance use disorder and mental health diagnoses; and one or more of the following: (a) Lack of access to recovery supports; (b) Need for assistance with access to housing, vocational, medical, social, educational or other community services and supports; or (c) Involvement with one or more child welfare or criminal justice agencies, but are not inmates of a public institution (e.g., Youth who are awaiting adjudication in the community; individuals on probation or parole; and youth who are committed to the Department of Juvenile Justice and not placed in a public institution, are eligible for receipt of TCM services. Youth who are 'committed to the DJJ' are youth who are in the custody of DJJ but who are placed with their parents, other relatives or "foster" caregivers and not in a DJJ detention Center).

- ☒ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- ☒ Entire State
☐ Only in the following geographic areas:

C. 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)).

D. 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:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. a face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.

TN # 14-002 - A

Supersedes

TN #: NEWApproval Date: 6-19-14Effective Date: 07/1/2014

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) monitoring shall occur no less than once every three (3) months and shall be face-to-face.
- ☒ 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))

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.
3. Each case manager shall be required to meet the following minimum requirements:
 - a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face. Behavioral health professional is defined as:

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

- (1) Individuals that are licensed and have autonomous functioning:

- Advanced Practice Registered Nurse (APRN)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor
- Licensed Psychological Practitioner
- Licensed Psychologist
- Licensed Professional Art Therapist
- Physician
- Psychiatrist
- Certified Alcohol and Drug Counselor (CADC)

Or

- (2) Master's level Individuals listed below under supervision:

- Certified Psychologist
- Licensed Psychological Associate
- Licensed Marriage and Family Therapy Associate.
- Certified Social Worker, Master Level
- Licensed Professional Counselor Associate
- Licensed Professional Art Therapist Associate
- Registered nurse licensed by the Kentucky Board of Nursing

Or

- (3) Bachelor's level with the following requirements:

- Registered nurse licensed by the Kentucky Board of Nursing; OR
- A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) AND
- Five (5) years of documented full-time experience providing specialized case management within target population.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

F. 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.

G. 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:

H. 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:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

I. 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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

J. 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.

K. Limitations:

1. 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).
2. 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))
3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health IssuesTarget Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

A. The target group includes adults and children who:

1. Have at least one of the following types disorders:
 - a. A primary moderate or severe substance use disorder diagnosis;
 - b. A severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)];
 - c. A severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas:
 - (1) self-care,
 - (2) interpersonal relationships,
 - (3) family life,
 - (4) self-direction, and education,
 - (5) or has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
2. Have a chronic or complex physical health issue; and
3. Need assistance with access to housing, vocational, medical, social, educational or other community services and supports; or
4. Involvement with one or more child welfare or criminal justice agency (not including inmates of public institutions) (e.g., Youth who are awaiting adjudication in the community; individuals on probation or parole; and youth who are committed to the Department of Juvenile Justice and not placed in a public institution, are eligible for receipt of TCM services. Youth who are 'committed to the DJJ' are youth who are in the custody of DJJ but who are placed with their parents, other relatives or "foster" caregivers and not in a DJJ detention Center); or
5. Are in the custody of the Department for Community-Based Services or at risk of out-of-home placement; or are at risk of in-patient mental health treatment.
 - ☒ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

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State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- ☒ Entire State
☐ Only in the following geographic areas:

C. 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)).

D. 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:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. A face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.
 - ☒ 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))

E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

- d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.
3. Each case manager shall be required to meet the following minimum requirements:
- a. Master's degree in social work, family studies, clinical counseling, psychology, nursing or related human services field approved by the Department for Medicaid Services; and a minimum of two (2) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; or
 - b. A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) and five (5) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; and
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Bachelor's level staff shall be supervised by a behavioral health professional, who has completed case management training approved by KBHDID. Supervision shall occur at least three (3) times per month. At least two of these supervisory contacts shall be on an individual basis and face-to-face. Behavioral health professional is defined as:
 - (1) Individuals that are licensed and have autonomous functioning:
 - Advanced Practice Registered Nurse (APRN)
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Professional Clinical Counselor
 - Licensed Psychological Practitioner
 - Licensed Psychologist
 - Licensed Professional Art Therapist
 - Physician
 - Psychiatrist
 - Certified Alcohol and Drug Counselor (CADC)

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

Or

- (2) Master's level Individuals listed below under supervision:
- Certified Psychologist
 - Licensed Psychological Associate
 - Licensed Marriage and Family Therapy Associate.
 - Certified Social Worker, Master Level
 - Licensed Professional Counselor Associate
 - Licensed Professional Art Therapist Associate
 - Registered nurse licensed by the Kentucky Board of Nursing

Or

- (3) Bachelor's level with the following requirements:
- Registered nurse licensed by the Kentucky Board of Nursing; OR
 - A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) AND
 - Five (5) years of documented full-time experience providing specialized case management within target population.

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

F. 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.

G. 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:

H. 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:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

I. 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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

J. 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.

K. Limitations:

1. 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).
2. 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)).
3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental IllnessTarget Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

A. The target group adults and children individuals who:

1. Have a severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)]; or
2. Are age 20 or younger and have a severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas:
 - a. self-care,
 - b. interpersonal relationships,
 - c. family life,
 - d. self-direction,
 - e. and education; or
3. Has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
4. Are in the custody of the Department for Community-Based Services, or at risk of out-of-home placement; or are children or adults at risk of in-patient mental health treatment.

- ☒ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- ☒ Entire State
☐ Only in the following geographic areas:

C. 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)).

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. An assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
 2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

- ☒ 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))

E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

3. Each case manager shall be required to meet the following minimum requirements:
- a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with individuals with behavioral health needs after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face. Behavioral health professional is defined as:
 - (1) Individuals that are licensed and have autonomous functioning:
 - Advanced Practice Registered Nurse (APRN)
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Professional Clinical Counselor
 - Licensed Psychological Practitioner
 - Licensed Psychologist
 - Licensed Professional Art Therapist
 - Physician
 - Psychiatrist
 - Certified Alcohol and Drug Counselor (CADC)
 - Or
 - (2) Master's level Individuals listed below under supervision:
 - Certified Psychologist
 - Licensed Psychological Associate
 - Licensed Marriage and Family Therapy Associate.
 - Certified Social Worker, Master Level
 - Licensed Professional Counselor Associate
 - Licensed Professional Art Therapist Associate
 - Registered nurse licensed by the Kentucky Board of Nursing

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

Or

- (3) Bachelor's level with the following requirements:
- Registered nurse licensed by the Kentucky Board of Nursing; OR
 - A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) AND
 - Five (5) years of documented full-time experience providing specialized case management within target population.

F. 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.

G. 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:

H. 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:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. 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 and Children with Severe Emotional Disability or Severe Mental Illness

I. 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.

J. 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.

K. Limitations:

1. 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).
2. 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))
3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☒ State will provide TCM beyond the 30 day post release requirement. **[explain]:**
When determined to be medically necessary.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) 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;

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☒ 3 months
- ☐ 6 months
- ☐ 12 months
- ☐ Other frequency **[explain]:**

- ❖ Development (and periodic revision) 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, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (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 are:
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:

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- 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.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- ☒ Telephonic. Frequency: Consist of a minimum of four (4) service contacts and may be a combination of telephone and face-to-face contacts with, or on behalf of, the individual.
- ☒ In-person. Frequency: Consist of a minimum of four (4) service contacts and may be a combination of telephone and face-to-face contacts with, or on behalf of, the individual.
- ☐ Other **[explain]**:

☒ 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. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

All providers must meet the requirements of 42 CFR 440.130, and must enroll in Kentucky's Medicaid program as required by CFR 455.410.

Reentry Organization Providers that provide pre-release services are the carceral facilities within Kentucky, including but not limited to, State Prisons, Local County Jails, and Juvenile Detention and Youth Correctional Facilities, and community providers with an agreement to provide services.

Post-Release Services will be provided by community providers with experience working with previously incarcerated individuals.

Targeted Case Managers are employed by or under contract with the same billing provider.

Each targeted case manager shall be required to meet the following minimum requirements:

Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and

- a. A minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
- b. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
- c. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID.

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

Click or tap here to enter text.

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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 plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures 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)):

☒ The state assures 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:

☒ The state assures that 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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State/Territory: Kentucky

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

-
- A. Target Groups: By invoking the exception to comparability allowed by 1915 (g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Aged 0-21 and meet the medical eligibility criteria of Commission for Handicapped Children, the state's Title V Crippled Children's Agency, and
 2. Persons of all ages meeting the medical eligibility criteria of the Commission for Handicapped Children and having a diagnosis of hemophilia.
- The individuals in the target groups may not be receiving case management services under an approved waiver program.
- 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)(I) 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: Case management is a service instrument by which service agencies assist an individual in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1902 a(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

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STATE PLAN UNDER TITLE XIX OF TITLE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

D. Definition of Services: (Continued)

1. Assessment of client's medical, social, and functional status and identification of client service needs;
2. Arranging for service delivery from the client's chosen provider to insure access to required services;
3. Insure access to needed services by explaining the need and importance of services in relation to the client's condition;
4. Insure access, quality and delivery of necessary services, and
5. Preparation and maintenance of case record documentation to include service plans, forms, reports, and narratives, as appropriate. •

E. Qualification of Providers:

Providers must be certified as a Medicaid provider meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management
 - (a) assessment
 - (b) care/services plan development
 - (c) linking/coordination of services
 - (d) reassessment/followup
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrated experience with the target population. -
4. An administrative capacity to insure quality of services in accordance with state and federal requirements.
5. A financial management system that provide8 documentation of services and costs.
6. Capacity to document and maintain individual case records in accordance with state and federal requirements.
7. Demonstrated ability to assure a referral process consistent with Section 1902 a(23), freedom of choice of provider.
8. Demonstrated capacity to meet the case management service needs of the target population.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

CASE MANAGEMENT SERVICES

E. Qualifications of Providers (continued)

Qualifications of Case Manager (Only the following can be case managers)

1. Registered Nurse - Must be licensed as a Registered Nurse or possess a valid work permit issued by the Kentucky Board of Nursing.
2. Social Worker - A master's degree in social work supplemented by one year of professional social work experience; or a graduate of a college or university with a bachelor's degree supplemented by two years of professional social work experience.

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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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State Kentucky

Targeted Case Management Services for Children in the Custody of or at Risk of Being in the Custody of the State, and for Children under the Supervision of the State, and for Adults in Need of Protective Services

- A. Target Groups: By invoking the exception to comparability allowed by 191 5(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Age 0-21 and meet the state's conditions and circumstances to be defined as a child in the custody of or at risk of being in the custody of the state, or a child who is under the supervision of the state, and
 2. Adults who meet the state's conditions and circumstances to be defined as an adult 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 191 5(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: Case management is a service that allows providers to assist eligible individuals in accessing needed medical, social, educational and other support services. Consistent with the requirements of Section 1902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services they are referred to. One case management unit is the sum of case management activities that occur within a calendar month. These activities include:

State Kentucky

- (1) A written assessment of the child or adult's needs;
- (2) Arranging for the delivery of the needed services as identified in the assessment;
- (3) Assisting the child and his family, or the adult, in accessing services needed by the individual child or adult;
- (4) Monitoring the child or adults progress by making referrals, tracking the child or adult's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child or adult's changing needs;
- (5) Performing advocacy activities on behalf of the adult, or the child and his family, to assure that the individual adult or child gains access to the services he or she needs;
- (6) Obtaining, preparing and maintaining case records documenting contacts, services needed, reports, the child or adult's progress, etc. following provision of service to the child or the adult on behalf of the child or adult;
- (7) Providing case consultation (i.e., consulting with the service provider/collateral's in determining the child or adult's status and progress); and
- (8) Performing crisis assistance (i.e., intervention on behalf of the child or adult, making arrangements for emergency referrals, and coordinating other needed emergency services).

E. Qualification of Providers:

Providers must be certified as a Medicaid provider meeting the following criteria:

- (1) Demonstrated capacity to provide all core elements of case management including
 - (a) assessment;
 - (b) care/services plan development;
 - (c) linking/coordination of services; and
 - (d) reassessment/follow-up.
- (2) Demonstrated case management experience in coordinating and linking such community resources as required by one of the target populations.

State Kentucky

- (3) Demonstrated experience with one of the target populations.
- (4) An administrative capacity to insure quality of services in accordance with state and federal requirements.
- (5) A financial management system that provides documentation of services and costs.
- (6) Capacity to document and maintain individual case records in accordance with state and federal requirements.
- (7) Demonstrated ability to assure a referral process consistent with Section 1 902(a)(23) of the Act, freedom of choice of provider.
- (8) Demonstrated capacity to meet the case management service needs of one of the target populations.

Qualifications of Case Manager (Only the following can be case managers)

Each case manager must be employed by an enrolled Medicaid provider or by an approved subcontractor of an enrolled Medicaid provider and must meet the following minimum requirements:

- (1) Have a Bachelor of Arts or Bachelor of Sciences degree in any of the social/behavioral sciences or related fields from an accredited institution; and
 - (2) Have one (1) year of experience working directly with the targeted case management population or performing case management services or have a master's degree in a human service field.
- 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 1 902(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 services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Targeted Case Management Services for children birth to 3 Participating in the Kentucky Early Intervention Program

- A. Target Groups: By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Children birth to three years of age who have developmental disabilities and who meet the eligibility criteria of and are participants in the Kentucky Early Intervention Program.
- The individuals in the target groups may not be receiving case management services under an approved waiver program.
- 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 involved to provided 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: Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, educational, and other services. Consistent with the requirements of Section 1902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred.

Case management is an active, ongoing process that involves activities carried out by a case manager to assist and enable a child eligible for services under the Kentucky Early Intervention Program in gaining access to needed medical, social, educational and other services. There are two parts to case management: Initial Service Coordination and Primary Service Coordination. Initial Service Coordination assists the child and child's family, as it relates to the child's needs, from the notice of referral through the initial development of the child's needs-identified Individualized Family Services Plan (IFSP). Primary Service Coordination assists the child and child's family, as it relates to the child's needs, with ongoing service coordination, for the child, provided by the individual service coordinator selected at the time the IFSP is finalized. A child would only have one service coordinator at a time.

These activities include:

- (1) Assessment of child's medical, social and functional status and identification of service needs;
- (2) Initial service coordination from notice of referral through initial IFSP development;
- (3) Assuring that all procedural safeguards are met during intake and IFSP development;
- (4) Arranging for and coordinating the development of the child's IFSP;
- (5) Arranging for the delivery of the needed services as identified in the IFSP;
- (6) Assisting the child and his family, as it relates to the child's needs, in accessing needed services for the child and coordinating services with other programs;
- (7) Monitoring the child's progress by making referrals, tracking the child's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child's changing service needs;
- (8) Performing activities to enable an eligible individual to gain access to needed services; -
- (9) Obtaining, preparing and maintaining case records documenting contacts, services needed, reports, the child's progress, etc.;
- (10) Providing case consultation (i.e., with the service providers/collaterals in determining child's status and progress);

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- (11) Performing crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals, and coordinating other needed emergency services); and
 - (12) Facilitating and coordinating development of the child's transition plan.

E. Qualifications of Providers:

As provided for in Section 1915 (g)(1) of the Social Security Act, qualified providers shall be the Title V agencies and their subcontractors who meet the following Medicaid criteria in order to ensure that case managers for the children with developmental disabilities target group are capable of ensuring that such individuals receive needed services:

- 1. Demonstrated capacity to provide all core elements of case management including:
 - a) assessment;
 - b) care/services plan development;
 - c) linking/coordination of services; and
 - d) reassessment/follow-up
- 2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population;
- 3. Demonstrated experience with targeted population;
- 4. An administrative capacity to insure quality of services in accordance with state and federal requirements; and
- 5. A financial management system that provides documentation of services and costs.

Qualifications of Case Manager (only the following can be case managers)

Each case manager must be a Kentucky Early Intervention Program certified service provider, and:

- A. Have a Bachelor's degree; and
- (1) 2 years experience in service coordination for children with disabilities up to age 18; or
 - (2) 2 years experience in service provision to children under six years of age; or
- B. Meet one of the following professional criteria:
1. Audiologist - Licensed or Certified,
 2. Family Therapist - M.A. and Certified,
 3. Developmental Interventionist - Certified or working toward an Interdisciplinary Early Childhood Certificate as demonstrated by implementing a professional development plan approved by the Cabinet for Health Services,
 4. Developmental Associate,
 5. Registered Nurse,
 6. Advanced Registered Nurse Practitioner,
 7. Dietitian - Licensed,
 8. Occupational Therapist - Licensed,
 9. Occupational Therapist Assistant - B.S. and Licensed,
 10. Orientation and Mobility Specialist - Certified,
 11. Physical Therapist - Licensed,
 12. Psychologist - Licensed or Certified,
 13. Speech Language Pathologist - Licensed or Certified,
 14. Speech Language Assistance - licensed,
 15. Social worker - Licensed,
 16. Physician, Licensed,
 17. Nutritionist, Licensed

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- F. The State assures that the provision of case management services will not unlawfully 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 available providers of case management services.
 - (2) Eligible recipients will have free choice of the available providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES

- A. Target Group: By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Pregnant women who have not reached their twentieth birthday and will be first time teen parents;
 2. Pregnant women who are twenty years of age or older, will be first time parents, and screen positive for the home visitation program, Health Access Nurturing Development Services (HANDS). High risk screening factors include: first time mothers who are single, separated or divorced; those who had late, sporadic or no prenatal care; those who sought or attempted an unsuccessful abortion; partner unemployed; inadequate income or no source of income; unstable housing; no phone; education less than 12 years; inadequate emergency contacts; treatment of or current substance abuse; treatment of abortion; treatment of psychiatric care; relinquishment for adoption, sought or attempted; marital or family problems; treatment of or current depression;
 3. Infants and toddlers up to their third birthday who are children in families described in A.1 and A.2 of this subsection;
 4. First born infants up to twelve (12) weeks of age whose families were not identified prenatally and who assess into the program.
- 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 state wide:
- C. Comparability of Services:
- ☐ Services are provided in accordance with 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration and scope. Authority of 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of 1902(a)(10)(B).
- D. Definition of Services
- Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, education, and other services. Consistent with the

requirement of Section 1 902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred.

Case management is an active, ongoing process that involves activities carried out by case managers to assess and enable first time mothers and infants/toddlers who are eligible for services under the Kentucky HANDS (Health Access Nurturing Development Services) Program. There are two phases to case management - assessment and home visitation. Both phases include assisting the infant/toddler, mother, or family in accessing needed services, developing a treatment plan, coordinating needed services, monitoring progress, preparing and maintaining case records, providing case consultation as specified by the plan, and providing follow-up and evaluation.

The service activities include:

1. Assessment

- a) Provided by a Registered Nurse, Social Worker or Early Childhood Development Specialist;
- b) Conducts a face-to-face needs assessment with the child, mother and family. The assessment shall include:
 - 1) parent's childhood experience;
 - 2) lifestyle behaviors and mental health status;
 - 3) parenting experience;
 - 4) stressors, coping skills and support system for the new family;
 - 5) anger management skills;
 - 6) expectations of infant's developmental milestones and behaviors;
 - 7) perception of new infant, and bonding and attachment issues;
 - 8) plans for discipline; and
 - 9) family environment and support system.
- c) Develops a written report of the findings and a service plan for the family.
- d) Assigns home visitor and arranges for the delivery of the needed services by other Medicaid and community providers as identified in the treatment plan.

2. Home Visitation

- a) A public health nurse, social worker, or family support worker who is supervised by a public health nurse, social worker, or early childhood development specialist may perform a home visit;
- b) Assist the child and family, as it relates to the treatment plan, in accessing needed services and coordinating services with other programs;
- c) Monitor progress by making referrals, tracking the appointments, performing follow-up services, and performing periodic evaluation of the changing needs;
- d) Perform activities to enable the child and family to gain access to needed services;
- e) Prepare and maintain case records documenting contacts, services needed, reports, progress;
- f) Provide case consultation (i.e., with the service providers/collaterals in determining child's status and progress); and
- g) Perform crisis assistance (i.e., intervention on behalf of the child, making arrangement for emergency referrals, and coordinating other needed emergency service).

E. Qualifications of Providers:

1. Providers must be certified as a Medicaid provider meeting the following criteria:

- a) Demonstrated capacity to contract statewide for the case management services for the targeted population;
- b) Demonstrated capacity to ensure all components of case management including:
 - 1) screening,
 - 2) assessment,
 - 3) treatment plan development,
 - 4) home visiting,
 - 5) linking/coordination of services, and
 - 6) follow-up and evaluation:
- c) Demonstrated experience in coordinating and linking such community resources as required by the target population:
- d) Demonstrated experience with the target population;

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- e) Administrative capacity to insure quality of services in accordance with state and federal requirements;
 - f) Demonstrated capacity to provide certified training and technical assistance to case manager;
 - g) Financial management system that provides documentation of services and costs;
 - h) Capacity to document and maintain individual case records in accordance with state and federal requirements;
 - i) Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider; and
 - j) Demonstrated capacity to meet the case management service needs of the target population.

2. Qualifications of Case Manager

The case manager shall meet one of the following professional criteria:

- a) Registered Nurse - Must have a valid Kentucky Board of Nursing license as a registered nurse or advanced registered nurse practitioner.
- b) Social Worker - Meet the requirement of KRS Chapter 335 for licensure by the State Board of Examiners of Social Work, have a masters degree in social work, or have a bachelors degree in social work from an accredited institution.
- c) Early Childhood Development Specialist - have a bachelors degree in Family Studies, Early Childhood Education, Early Childhood Special Education, or a related Early Childhood Development Curriculum.
- d) Family Support Worker (FSW) - Have a high school diploma or GED, be 18 years of age or older, and have received core training prior to having family contact on assessment of family strengths and needs, service plan development, home visitor process, home visitor role, supporting growth in families, observing parent-child interactions, knowing indicators of parent-infant attachment, keeping home visit records, conducting service coordination and reassessment. In addition to the core training the family support worker receives continuing training on selected topics including confidentiality, community resources, developmental milestones, family violence, substance abuse, ethical issues, communication skills, I-H V/ training, and interviewing techniques. The FSW must be supervised by a registered nurse or social worker.

- F. The state assures that the provision of case management services will not unlawfully 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 available providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

Targeted Case Management services for pregnant women including postpartum women for sixty (60) day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

- A. By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
- (1) Women diagnosed as a pregnant woman or postpartum woman up to the end of the month of sixty days following the date of delivery who has applied for or is receiving substance abuse services through Medicaid.
- 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 involved to provided 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 Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, education, and other services. Consistent with the requirements of Section 1 902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred
- (1) Substance abuse case management services.
- (a) Case management shall be.
1. A face-to-face or telephone contact between or on behalf of an individual and a qualified substance abuse professional; and
2. For the purpose of reducing or eliminating an individual's substance abuse problem by assisting an individual in gaining access to needed medical, social, educational and other support services
- (b) Case management services shall include:
1. The development of a service plan that identifies an individual's case management needs and projected outcomes; and
2. Activities that support the implementation of an individual's service plan
- (c) Case management services shall not be connected with a specific type of substance abuse treatment but shall follow an individual across the array of substance abuse treatment services identified in an individual's treatment plan.

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- (d) Service limitations. The following activities shall not be reimbursed by Medicaid:
 - 1. An outreach or case-finding activity to secure a potential individual for services;
 - 2. Administrative activities associated with Medicaid eligibility determinations; and
 - 3. The actual provision of a service other than a case management service.

A. Qualifications of Providers:

- (1) Services are covered when provided by any mental health center, and their subcontractors, and any other qualified providers, licensed in accordance with applicable state laws and regulations.
- (2) Demonstrated capacity to provide all core elements of case management including: Assessment skills, care/services plan development, linking/coordination of services, reassessment/follow-up, training specific to the target population, an administrative capacity to insure quality of services in accordance with state and federal requirements and a financial system that provides documentation of services and costs.
- (3) The provider shall employ or have a contractual agreement with a physician licensed in Kentucky.
- (4) A provider must have staff available to provide emergency services for the immediate evaluation and care of an individual in a crisis situation on a twenty-four (24) hour a day, seven (7) day a week basis.
- (5) Qualifications for case management services:
 - (a) An alcohol and drug counselor certified by the Kentucky Board of Certification for Alcohol and Drug Counselors;
 - (b) An individual who has a bachelors degree or greater in any field, from an accredited college or university who meets the training, documentation and supervision requirements;
 - (c) A Kentucky licensed physician.
 - (d) A psychiatrist who is licensed in Kentucky.
 - (e) A psychologist licensed or certified by the Kentucky Board of Examiners of Psychology;
 - (f) A psychological associate certified by the Kentucky Board of Examiners of Psychology;

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- (g) A social worker licensed or certified in Kentucky;
 - (h) A Kentucky licensed registered nurse with the following combinations education and work experience:
 - 1. A registered nurse with a masters degree in psychiatric nursing from an accredited college or university;
 - 2. A bachelor of science degree in nursing from an accredited college or university and one year of clinical work experience in the substance abuse or mental health field;
 - 3. A diploma graduate in nursing and two years of clinical work experience in the substance or mental health field; or
 - 4. An associate degree in nursing from an accredited college or university and three years of clinical work experience in the substance abuse or mental health field;
 - (i) A Kentucky licensed advanced registered nurse practitioner;
 - (j) A marriage and family therapist licensed by the Kentucky Board of Licensure of Marriage and Family Therapists;
 - (k) A Kentucky-certified professional counselor; or
 - (l) A Kentucky-certified professional art therapist.
- F The State assures that the provision of case management services will not unlawfully 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 available providers of case management services.
 - (2) Eligible recipients will have free choice of the available providers of other medical care under the plan
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use DisordersTarget Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

A. The target group includes adults and children who:

1. Have a primary moderate or severe substance use disorder diagnosis or co-occurring substance use disorder and mental health diagnoses; and one or more of the following: (a) Lack of access to recovery supports; (b) Need for assistance with access to housing, vocational, medical, social, educational or other community services and supports; or (c) Involvement with one or more child welfare or criminal justice agencies, but are not inmates of a public institution (e.g., Youth who are awaiting adjudication in the community; individuals on probation or parole; and youth who are committed to the Department of Juvenile Justice and not placed in a public institution, are eligible for receipt of TCM services. Youth who are 'committed to the DJJ' are youth who are in the custody of DJJ but who are placed with their parents, other relatives or "foster" caregivers and not in a DJJ detention Center).

- ☒ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- ☒ Entire State
☐ Only in the following geographic areas:

C. 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)).

D. 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:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. a face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.

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State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) monitoring shall occur no less than once every three (3) months and shall be face-to-face.
- ☒ 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))

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.
3. Each case manager shall be required to meet the following minimum requirements:
 - a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face. Behavioral health professional is defined as:

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

- (1) Individuals that are licensed and have autonomous functioning:

- Advanced Practice Registered Nurse (APRN)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor
- Licensed Psychological Practitioner
- Licensed Psychologist
- Licensed Professional Art Therapist
- Physician
- Psychiatrist
- Certified Alcohol and Drug Counselor (CADC)

Or

- (2) Master's level Individuals listed below under supervision:

- Certified Psychologist
- Licensed Psychological Associate
- Licensed Marriage and Family Therapy Associate.
- Certified Social Worker, Master Level
- Licensed Professional Counselor Associate
- Licensed Professional Art Therapist Associate
- Registered nurse licensed by the Kentucky Board of Nursing

Or

- (3) Bachelor's level with the following requirements:

- Registered nurse licensed by the Kentucky Board of Nursing; OR
- A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) AND
- Five (5) years of documented full-time experience providing specialized case management within target population.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

F. 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.

G. 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:

H. 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:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

I. 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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Substance Use Disorders

J. 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.

K. Limitations:

1. 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).
2. 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))
3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health IssuesTarget Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

A. The target group includes adults and children who:

1. Have at least one of the following types disorders:
 - a. A primary moderate or severe substance use disorder diagnosis;
 - b. A severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)];
 - c. A severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas:
 - (1) self-care,
 - (2) interpersonal relationships,
 - (3) family life,
 - (4) self-direction, and education,
 - (5) or has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
2. Have a chronic or complex physical health issue; and
3. Need assistance with access to housing, vocational, medical, social, educational or other community services and supports; or
4. Involvement with one or more child welfare or criminal justice agency (not including inmates of public institutions) (e.g., Youth who are awaiting adjudication in the community; individuals on probation or parole; and youth who are committed to the Department of Juvenile Justice and not placed in a public institution, are eligible for receipt of TCM services. Youth who are 'committed to the DJJ' are youth who are in the custody of DJJ but who are placed with their parents, other relatives or "foster" caregivers and not in a DJJ detention Center); or
5. Are in the custody of the Department for Community-Based Services or at risk of out-of-home placement; or are at risk of in-patient mental health treatment.
 - ☒ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

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State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- ☒ Entire State
☐ Only in the following geographic areas:

C. 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)).

D. 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:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. A face-to-face assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.
 - ☒ 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))

E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

- d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.
3. Each case manager shall be required to meet the following minimum requirements:
- a. Master's degree in social work, family studies, clinical counseling, psychology, nursing or related human services field approved by the Department for Medicaid Services; and a minimum of two (2) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; or
 - b. A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) and five (5) years' experience providing service coordination or linking/referring for community based services for individuals with complex behavioral health needs and co-occurring physical or behavioral health disorders or multi-agency involvement; and
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Bachelor's level staff shall be supervised by a behavioral health professional, who has completed case management training approved by KBHDID. Supervision shall occur at least three (3) times per month. At least two of these supervisory contacts shall be on an individual basis and face-to-face. Behavioral health professional is defined as:
 - (1) Individuals that are licensed and have autonomous functioning:
 - Advanced Practice Registered Nurse (APRN)
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Professional Clinical Counselor
 - Licensed Psychological Practitioner
 - Licensed Psychologist
 - Licensed Professional Art Therapist
 - Physician
 - Psychiatrist
 - Certified Alcohol and Drug Counselor (CADC)

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

Or

- (2) Master's level Individuals listed below under supervision:

- Certified Psychologist
- Licensed Psychological Associate
- Licensed Marriage and Family Therapy Associate.
- Certified Social Worker, Master Level
- Licensed Professional Counselor Associate
- Licensed Professional Art Therapist Associate
- Registered nurse licensed by the Kentucky Board of Nursing

Or

- (3) Bachelor's level with the following requirements:

- Registered nurse licensed by the Kentucky Board of Nursing; OR
- A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) AND
- Five (5) years of documented full-time experience providing specialized case management within target population.

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TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

F. 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.

G. 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:

H. 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:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

I. 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.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues

J. 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.

K. Limitations:

1. 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).
2. 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)).
3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental IllnessTarget Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

A. The target group adults and children individuals who:

1. Have a severe mental illness (SMI) diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, with clinically significant symptoms which have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally or both [KRS 210.005(3)]; or
2. Are age 20 or younger and have a severe emotional disability diagnosed based on the criteria included in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, that presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas:
 - a. self-care,
 - b. interpersonal relationships,
 - c. family life,
 - d. self-direction,
 - e. and education; or
3. Has been removed from the child's home by the Department for Community-Based Services and has been unable to be maintained in a stable setting due to behavioral or emotional disturbance [KRS 200.503(2)]; and
4. Are in the custody of the Department for Community-Based Services, or at risk of out-of-home placement; or are children or adults at risk of in-patient mental health treatment.

- ☒ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 30 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)

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- ☒ Entire State
☐ Only in the following geographic areas:

C. 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)).

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State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

- D. 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:
1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. 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.
 - d. An assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
 2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. 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
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - a. 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.
 4. Monitoring and follow-up activities:
 - a. 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:
 - (1) services are being furnished in accordance with the individual's care plan;
 - (2) services in the care plan are adequate; and
 - (3) 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.
 - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

- ☒ 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))

E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

1. Case management services for this target group may be provided by enrolled Kentucky Medicaid providers in any of the following categories:
 - a. Individual practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky.
 - b. Provider group: A group of more than one individually licensed practitioners who forms a business entity to render health services and bill Kentucky Medicaid.
 - c. Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render health services and bill Kentucky Medicaid.
2. Providers must meet the following criteria:
 - a. Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
 - b. Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
 - c. Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
 - d. Use a financial management system that provides documentation of services and costs;
 - e. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Demonstrate programmatic and administrative experience in providing comprehensive case management services; and
 - g. Demonstrate referral systems and linkages and referral ability with essential social and health services agencies.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

3. Each case manager shall be required to meet the following minimum requirements:
- a. Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and
 - b. A minimum of one (1) year of full-time employment working directly with individuals with behavioral health needs after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
 - c. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
 - d. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID, shall occur at least two (2) times per month. At least one of these supervisory contacts shall be on an individual basis and face-to-face. Behavioral health professional is defined as:
 - (1) Individuals that are licensed and have autonomous functioning:
 - Advanced Practice Registered Nurse (APRN)
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Professional Clinical Counselor
 - Licensed Psychological Practitioner
 - Licensed Psychologist
 - Licensed Professional Art Therapist
 - Physician
 - Psychiatrist
 - Certified Alcohol and Drug Counselor (CADC)
 - Or
 - (2) Master's level Individuals listed below under supervision:
 - Certified Psychologist
 - Licensed Psychological Associate
 - Licensed Marriage and Family Therapy Associate.
 - Certified Social Worker, Master Level
 - Licensed Professional Counselor Associate
 - Licensed Professional Art Therapist Associate
 - Registered nurse licensed by the Kentucky Board of Nursing

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

Or

- (3) Bachelor's level with the following requirements:
- Registered nurse licensed by the Kentucky Board of Nursing; OR
 - A Bachelor's degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services) AND
 - Five (5) years of documented full-time experience providing specialized case management within target population.

F. 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.

G. 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:

H. 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:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

State Plan under Title XIX of the Social Security Act

TARGETED CASE MANAGEMENT SERVICES

Adults and Children with Severe Emotional Disability or Severe Mental Illness

I. 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.

J. 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.

K. Limitations:

1. 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).
2. 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))
3. 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))
4. The individuals in the target groups may not be receiving case management services under an approved waiver program.

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☒ State will provide TCM beyond the 30 day post release requirement. **[explain]:**
When determined to be medically necessary.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) 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;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☒ 3 months
- ☐ 6 months
- ☐ 12 months
- ☐ Other frequency **[explain]:**

- ❖ Development (and periodic revision) 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, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (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 are:
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:

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- 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.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

☒ Telephonic. Frequency: Consist of a minimum of four (4) service contacts and may be a combination of telephone and face-to-face contacts with, or on behalf of, the individual. Additional monitoring may be provided, as needed, based on the needs of the individual.

☒ In-person. Frequency: Consist of a minimum of four (4) service contacts and may be a combination of telephone and face-to-face contacts with, or on behalf of, the individual. Additional monitoring may be provided, as needed, based on the needs of the individual.

☐ Other **[explain]**:

☒ 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. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

All providers must meet the requirements of 42 CFR 440.169, and must enroll in Kentucky's Medicaid program as required by CFR 455.410.

Reentry Organization Providers that provide pre-release services are the carceral facilities within Kentucky, including but not limited to, State Prisons, Local County Jails, and Juvenile Detention and Youth Correctional Facilities, and community providers with an agreement to provide services.

Post-Release Services will be provided by community providers with experience working with previously incarcerated individuals.

Targeted Case Managers are employed by or under contract with the same billing provider.

Each targeted case manager shall be required to meet the following minimum requirements:

Bachelor of Arts or Sciences degree in a behavioral science (including psychology, sociology, social work, family studies, human services, counseling, nursing or another human service degree program approved by the Department for Medicaid Services); and

- a. A minimum of one (1) year of full-time employment working directly with adolescents or adults in a human service setting after completion of educational requirements or a master's degree in a behavioral science, as defined above, may substitute for the one (1) year of experience;
- b. Successful completion of case management training approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KBHDID) within six (6) months of employment, and completion of recertification requirements approved by KBHDID every three (3) years; and
- c. Supervision by a behavioral health professional, who has completed case management training approved by KBHDID.

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

Click or tap here to enter text.

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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 plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures 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)):

☒ The state assures 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:

☒ The state assures that 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 FOR ELIGIBLE JUVENILES

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))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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**Mandatory Coverage for
Eligible Juveniles who are
Inmates of a Public Institution
Post Adjudication of Charges**

State/Territory: Kentucky

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

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Additional information provided (optional):

☐ No

☒ Yes [provide below]

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The state will maintain clear documentation in its internal operational plan indicating which carceral facility/ facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

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