Targeted case management services for at risk parents during the prenatal period and until the child's third birthday

This payment system is for all providers, including those providing services under the Title V agreement described in Attachment 4.16-A, Item #10.

Payments shall be based on cost. Interim rates based on projected cost shall be used with a settlement to cost at the end of the state fiscal year. Case management providers who are public state agencies shall have on file an approved cost allocation plan.

Interim rates shall he established in the following manner:

1) The rate for the assessment shall be based on the projected cost of providing the service consistent with methodology in 0MB Circular A-87. This will include a cost based on the average amount of time required to provide the service, and all related costs of providing the service, including collateral contacts, telephone contacts, travel and indirect (overhead) costs.

2) The rate for the professional home visit shall be based on the projected cost of providing the service. This will include a cost based on the average amount of time required to provide the service, and all related costs of providing the service, including collateral contacts, telephone contacts, travel and indirect (overhead) costs.

3) The rate for the family service worker/paraprofessional home visit shall be based on the projected cost of providing the service. This will include a cost based on the average amount of time required to provide the service, and all related costs of providing the service, including collateral contacts, telephone contacts, travel and indirect (overhead) costs.

Cost will be accounted for as follows:

1) Case management staff directly related to the targeted case management program will code all direct time using categories designated for case management functions in 15 minute increments.

2) Any contract costs (i.e., for contracted services) will be based on the actual cost of acquisition of the service.

3) Any indirect costs of any public state agency will be determined using the appropriate cost allocation plan.

Providers will submit cost reports no later than 180 days after the end of the state fiscal year. Interim payments will be adjusted to actual cost based upon review and acceptance of these cost reports in accordance with usual agency procedures.

Payment Methodology for Targeted Case Management Services for Youth in the Custody of Carceral Facilities, Including State Prisons, Local County Jails, Prisons, and Juvenile Detention and Youth Correctional Facilities, thirty (30) Days Prior and at least 30 days Post Release, as determined to be medically necessary.

1. Targeted case management services for youth thirty (30) days prior to and at least thirty (30) days post release, as determined to be medically necessary, from a carceral setting, shall be provided to individuals who:

    a) 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.

Unit of Service

A unit of service in the pre-release period shall:

a) Occur in a period up to thirty (30) days prior to release.
b) Consist of a minimum of four (4) service contacts and may be either by telephone or face-to-face with, or on behalf of, the individual.

Payment will be limited to one (1) unit of service during the pre-release period.

A unit of service in the post-release period shall:

a) Be at least thirty (30) days, as determined to be medically necessary.
b) Consist of a minimum of four (4) service contacts and may be either by telephone or face-to-face with, or on behalf of, the individual.

Providers

The targeted case management services shall be performed by either a state agency during the pre-release period or a community provider during the post release period. Providers must be enrolled as a reentry organization provider.

Payments to Providers

a) The reimbursement rate for providers is based on the Kentucky specific Medicaid fee-schedule, which can be found at. https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx.
b) Rates were determined based on salary and fringe benefit costs of a Bachelors-level practitioner, consistent with the minimum case manager qualifications for this service and adjusted for overhead costs. Assumptions regarding case load and hour per visit were applied to derive a monthly rate per visit which was adjusted for inflation. These rates are effective as of 1/1/2025.