



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

CASE MANAGEMENT SERVICES

A. Target Group: Medicaid eligible pregnant women who have been identified by a physician to be at risk of preterm birth or poor pregnancy outcome.

B. Areas of State in which services will be provided:

Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Case management to at-risk pregnant women is called "care coordination." It facilitates patient access to services and minimizes fragmentation of care and includes: scheduling recommended services and referrals, transportation, follow-up after a missed appointment, and a telephone number for 24-hour access to consultation and assistance in case of medical emergencies. In cases of women diagnosed to be at risk of preterm birth, care coordination may include frequent patient contact to determine the onset of preterm labor.

E. Qualification of Providers: Care coordinators will be employed directly or contracted with and under the supervision of a physician. Care coordinators must render services that are within their scope of practices as recognized under Ohio state law. Supplemental care coordination will be provided by County Departments of Human Services staff.

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 2-A
OMB No.: 0939-0193

State/Territory: OHIO

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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

CASE MANAGEMENT SERVICES
(PSYCHIATRIC ILLNESS)

- A. Target Group: THE TARGET GROUP IS THOSE PERSONS IN NEED OF GAINING COORDINATED ACCESS TO NECESSARY SERVICES IN THE COMMUNITY WHICH ARE INTENDED FOR THE MAXIMUM REDUCTION OF SYMPTOMS OF PSYCHIATRIC ILLNESS AND THE RESTORATION OF THE PERSON SERVED TO THE BEST POSSIBLE FUNCTIONAL LEVEL; AND WHICH ARE IDENTIFIED IN THE ISP OF THE PERSON SERVED.
- B. Areas of State in which services will be provided:
- Entire State.
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:
- C. Comparability of Services
- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services: CASE MANAGEMENT CONSISTS OF FOUR COMPONENTS.
1. COORDINATION TO GAIN ACCESS TO AND THE COORDINATION OF NECESSARY EVALUATIONS AND ASSESSMENTS;
 2. COORDINATION OF SERVICES IDENTIFIED IN THE INDIVIDUAL'S SERVICE PLAN INCLUDING COMMUNITY SUPPORT PROGRAM SERVICES;

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CASE MANAGEMENT SERVICES
(PSYCHIATRIC ILLNESS)

3. ASSISTANCE IN GAINING ACCESS TO ESSENTIAL COMMUNITY RESOURCES, INCLUDING HOUSING AND OTHER BASIC RESOURCES NECESSARY TO ENABLE AND MAINTAIN THE INDIVIDUAL'S INDEPENDENT LIVING IN THE COMMUNITY.
4. NECESSARY MONITORING AND FOLLOW-UP TO DETERMINE IF THE SERVICES ACCESSED HAVE ADEQUATELY MET THE RECIPIENT'S NEEDS AND TO DETERMINE NEEDED FOLLOW-UP ACTIVITY.

E. Qualification of Providers (Continued):

PROVIDERS OF CASE MANAGEMENT SERVICES MUST BE CERTIFIED BY THE OHIO DEPARTMENT OF MENTAL HEALTH TO PROVIDE MENTAL HEALTH SERVICES PURSUANT TO OHIO ADMINISTRATIVE CODE (OAC) SECTIONS 5122-23 TO 5122-29.

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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TN NO. 91-16

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

TARGETED CASE MANAGEMENT SERVICES
Certain Medicaid eligible individuals who are determined to have mental retardation or other developmental disabilities

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

The target group is Medicaid eligible individuals, regardless of age, who are enrolled on Home and Community-based Services (HCBS) waivers administered by the Ohio Department of Developmental Disabilities (DODD) and all other Medicaid eligible individuals, age 3 or above, who are determined to have a developmental disability according to Section 5126.01 of the Ohio Revised Code.

- Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 *[insert a number; not to exceed 180]* consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

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

- Entire State.
 Only in the following geographic areas: *[Specify areas]*

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

- Services are provided in accordance with §1902 (a)(10)(B) of the Act.
 Services are not comparable in amount, duration, and scope (§1915(g)(1)).

Definition of Services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Targeted Case Management includes the following assistance:

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

TARGETED CASE MANAGEMENT SERVICES

Certain Medicaid eligible individuals who are determined to have mental retardation or other developmental disabilities

- ❖ 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.

[Specify and justify the frequency of assessments.]

The service and support administrator (SSA) assesses an individual's needs for services upon request of the individual. The SSA reassess the individual's needs at least annually thereafter.

(i) Activities performed to make arrangements to obtain from therapists and appropriately qualified persons the initial and on-going assessments of an eligible individual's need for any medical, educational, social, and other services.

(ii) Eligibility assessment activities that provide the basis for the recommendation of an eligible individual's need for HCBS waiver services administered by DODD.

(iii) Activities related to recommending an eligible individual's initial and on-going need for services and associated costs for those individuals eligible for HCBS waiver services administered by DODD.

- ❖ 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 (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:

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

TARGETED CASE MANAGEMENT SERVICES

Certain Medicaid eligible individuals who are determined to have mental retardation or other developmental disabilities

- Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - Services are being furnished in accordance with the individual's care plan;
 - Services in the care plan are adequate; and
 - Changes in the needs or status of the individual are reflected in the care plan.Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

[Specify the type of monitoring and justify the frequency of monitoring.]

(i) Activities and contacts that are necessary to ensure that the individual service plan is effectively implemented and adequately addresses the needs of the eligible individual.

(ii) Conducting quality assurance reviews on behalf of a specific eligible individual and incorporating the results of quality assurance reviews into amendments of a individual service plan.

(iii) Reviewing the individual trends and patterns resulting from reports of investigations of unusual incidents and major unusual incidents and integrating prevention plans into amendments of individual service plans.

(iv) Ensuring that services are provided in accordance with the individual service plan and individual service plan services are effectively coordinated through communication with service providers.

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TARGETED CASE MANAGEMENT SERVICES

Certain Medicaid eligible individuals who are determined to have mental retardation or other developmental disabilities

(v) Activities and contacts that are necessary to ensure that guardians and eligible individuals receive appropriate notification and communication related to unusual incidents and major unusual incidents.

Monitoring is required if an individual is enrolled on DODD operated waivers. The waivers requires that an individual receive at least one waiver service monthly or if less than monthly, the individual must be monitored on a monthly basis by the SSA to assure the individual's health and welfare.

- 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 manager to changes in the eligible individual's needs. (42 CFR 440.169(e))

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

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

Qualified providers are County Boards of Developmental Disabilities (CBsDD), as established under Chapter 5126. of the Ohio Revised Code. In addition, each County Board must have a signed Ohio Medicaid Provider Agreement with the single State Medicaid Agency.

The only individuals allowed to deliver targeted case management for the CBsDD or their contract agencies are service and support administration supervisors, service and support administrators, and conditional status service and support administrators (SSAs). SSAs must meet the registration or certification requirements of the Ohio Department of Developmental Disabilities. Minimum qualifications for SSA certification includes completion of an associates degree if the individual is supervised by a certified person with a bachelor's degree.

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 the plan.

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TARGETED CASE MANAGEMENT SERVICES

Certain Medicaid eligible individuals who are determined to have mental retardation or other developmental disabilities

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

Freedom of choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

- Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services. *[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.]*

The state will limit providers of targeted case management to CBsDD as established under Chapter 5126. of the Ohio Revised Code. CBsDD may sub-contract for the service. This limitation is in compliance with Section 4302.2, paragraph D. of the State Medicaid Manual.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42CFR 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 the same purpose.

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TARGETED CASE MANAGEMENT SERVICES

Certain Medicaid eligible individuals who are determined to have mental retardation or other developmental disabilities

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

Providers maintain case records that document for all individuals receiving case management as follows:

- (i) The name of the individual;
- (ii) The dates of the case management services;
- (iii) The name of the provider agency (if relevant) and the person providing the case management service;
- (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- (v) Whether the individual has declined services in the care plan;
- (vi) The need for, and occurrences of, coordination with other case managers;
- (vii) A timeline for obtaining needed services;
- (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 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))

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

TARGETED CASE MANAGEMENT SERVICES

Certain Medicaid eligible individuals who are determined to have mental retardation or other developmental disabilities

[Specify any additional limitations.]

Coverage exclusions:

- (a) Activities performed on behalf of an eligible individual residing in an institution are not billable for targeted case management services reimbursement except for the last one hundred eighty consecutive days of residence when the activities are related to moving the eligible individual from an institution to a non-institutional community setting.
- (b) Emergency intervention services as described in paragraph (Q) of rule 5123:2-1-11 of the Administrative Code. This does not preclude those activities covered in paragraph (D)(1) of rule 5101: 3-48-01 of the Administrative Code when responding to an emergency and provided by a certified or registered service and support administrator.
- (c) Conducting investigations of abuse, neglect, unusual incidents, or major unusual incidents.
- (d) The provision of direct services (medical, educational, vocational, transportation, or social services) to which the eligible individual has been referred and with respect to the direct delivery of foster care services, including but not limited to those described in paragraph (A)(iii) of section 1915(g) of the Social Security Act (42 U.S.C. 1396n(g)(2)) as effective January 1, 2006.
- (e) Services provided to individuals who have been determined to not have mental retardation or another developmental disability according to section 5126.01 of the Revised Code, except for individuals eligible for coverage of TCM services pursuant to paragraph (C)(1)(a) of rule 5101:3-48-01 of the Administrative Code.
- (f) Conducting quality assurance systems reviews.
- (g) Conducting quality assurance reviews for an eligible individual for whom the service and support administrator serves as the single point of accountability.
- (h) Payment or coverage for establishing budgets for services outside of the scope of individual assessment and care planning.
- (i) Activities related to the development, monitoring or implementation of an individualized education program (IEP).

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TARGETED CASE MANAGEMENT SERVICES

Certain Medicaid eligible individuals who are determined to have mental retardation or other developmental disabilities

- (j) Services provided to groups of individuals.
- (k) Habilitation management as defined in rule 5123:2-1-11 of the Administrative Code.
- (l) Eligibility determinations for CBDD services.

DODD will review claims monthly to assure that each TCM practitioner does not bill more than 26, 15-minute units a day. This maximum is applied to services rendered on a daily basis rather than an average of service volume for some period of time greater than one day. DODD will conduct a retrospective prior authorization for units that exceed the established limit in cases where individuals receiving services meet medical necessity criteria established in Ohio Administrative Code rule. If any such claim does not meet the criteria for medical necessity, the CB/DD will return overpayment within two quarters of the state fiscal year to the state Medicaid agency. The return will be handled through the DODD Medicaid Billing System if the claims are less than 330 days from the date of service. Otherwise, the return will be processed as a separate transaction.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OHIO

CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A
DISABILITY
(DELIVERED THROUGH PARTICIPATING SCHOOLS)

- A. Target Group: Medicaid eligible child age 3 to 21 with a developmental disability as defined in section 5123.01 of the Ohio Revised Code who, by reason thereof, requires special education in accordance with the Ohio Revised Code and who are not receiving targeted case management (TCM) from county boards of Mental Retardation and Development Disabilities (MRDD).

Developmental disability as defined in section 5123.01 of the Ohio Revised Code means a severe, chronic disability that is characterized by all of the following:

1. It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in division (A) of section 5122.01 of the Revised Code.
2. It is manifested before age twenty-two.
3. It is likely to continue indefinitely.
4. It results in one of the following:
 - a. In the case of a person under three years of age, at least one developmental delay or an established risk;
 - b. In the case of a person at least three years of age but under six years of age, at least two developmental delays or an established risk;
 - c. In the case of a person six years of age or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for the person's age: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if the person is at least sixteen years of age, capacity for economic self-sufficiency.
5. It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person.

- B. Areas of State in which services will be provided:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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**CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A
DISABILITY
(DELIVERED THROUGH PARTICIPATING SCHOOLS)**

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. 1915(g)(1) of the Act is invoked to provide these services.

D. Definition of Services: Case management services are defined as those services identified by the multi-factored evaluation team of the provider as a Medicaid targeted case management service in a child's IEP and delivered by a qualified case manager that will assist the child in gaining access to medical, social, educational and other needed services relative to the educational needs identified in the child's IEP. The IEP team will identify the need for special education. The amount, scope and duration of the case management services, as well as the case manager responsible for providing the case management service, will be indicated in the child's IEP developed in accordance with the Individuals with Disabilities Education Act (IDEA). The components of the case management services are:

- Assessment (initial assessment conducted by a qualified case manager as a part of the multi-factored evaluation when the initial assessment results in case management services delivered as part of an IEP developed within eleven months of assessment, and for subsequent

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**CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A
DISABILITY
(DELIVERED THROUGH PARTICIPATING SCHOOLS)**

assessments and reviews conducted in accordance with
IDEA)

- Care Planning
- Referral and Linkage
- Monitoring and Follow-Up

The service unit for case management will be 15
minutes.

The frequency, scope and duration of services will be as
recommended by the case manager.

E. Qualification of Providers: Qualified providers are local
education agencies (for purposes of this state plan
amendment, this includes a city, local, or exempted village
school district in Ohio as defined respectively in sections
3311.02 through 3311.04 of the Ohio Revised Code),
community schools defined in Chapter 3314. of the Ohio
Revised Code, and the state school for the deaf and the
state school for the blind described in section 3325.01 of
the Ohio Revised Code. The provider will employ or
contract with (an) individual(s) to deliver case management
services to recipients. The individual(s) employed to
provide case management will be one of the following: 1) a
registered nurse with an Ohio license, 2) an individual with
a baccalaureate degree with a major in education or social
work, 3) an individual who has earned credit in course
work equivalent to that required for a major in a specific
special education area, or 4) a person who has a minimum
of three (3) years personal experience in the direct care of
an individual with special needs.

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.

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**CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A
DISABILITY
(DELIVERED THROUGH PARTICIPATING SCHOOLS)**

1. Eligible recipients will have free choice of the providers of other medical care under the plan.
2. The state will limit providers of case management for children age 3 to 21 with a developmental disability to local education agencies, community schools, and the state school for the deaf and the state school for the blind.

G. The State further assures:

1. 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, that receipt of case management services will not be conditioned on the receipt of other Medicaid services, and that the receipt of other Medicaid services will not be conditioned on the receipt of case management services.
3. Individuals will receive comprehensive, case management services, on a one-to-one basis, through one case manager.
4. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
5. Providers maintain case records that document for all individuals receiving case management the following: the name of the individual; dates of the case management services; the name of the provider agency (if relevant) and the person providing the case management service; the nature, content, units of the case management services received and whether goals

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**CASE MANAGEMENT SERVICES TO CHILDREN AGE 3 TO 21 WITH A
DISABILITY
(DELIVERED THROUGH PARTICIPATING SCHOOLS)**

specified in the care plan have been achieved; whether the individual has declined services in the care plan; the need for, and occurrences of, coordination with other, non-Medicaid case managers; the timeline for obtaining needed services; and a timeline for reevaluation of the plan.

- H. Payment for case management services under the plan does not duplicate payments made to schools participating in the Ohio Public Schools Medicaid Administrative Claiming program, or private entities under other program authorities for this same purpose, nor will county boards of MRDD receive reimbursement for services that duplicate case management services rendered by the local education agency or state school. FFP will be collected for targeted case management services provided to an individual child only where information is obtained from each Medicaid beneficiary and billing of all third party liability is documented and such filing is permitted under the IDEA. Payment under the plan will be for targeted case management services provided to a child with a developmental disability and identified in the child's IEP established pursuant to part B of the Individuals with Disabilities Education Act.

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State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
Medicaid-eligible individuals eligible for and participating in
Ohio's Help Me Grow Home Visiting Program

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

[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

The target group is Medicaid-eligible first-time parents of an infant under the age of six months at the time of referral with a family income not in excess of two hundred per cent of the federal poverty level (FPL); Expectant, first-time parents with a family income not in excess of two hundred per cent of FPL; Infants and toddlers under the age of three years at the time of referral who are the victims of a substantiated case of child abuse or neglect; Infants and toddlers under the age of three years at the time of referral who have at least one parent engaged in active military duty.

- Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 *[insert a number; not to exceed 180]* consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

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

- Entire State.
 Only in the following geographic areas: *[Specify areas]*

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

- Services are provided in accordance with §1902 (a)(10)(B) of the Act.
 Services are not comparable in amount, duration, and scope (§1915(g)(1)).

Definition of Services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Targeted Case Management includes the following assistance:

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

TARGETED CASE MANAGEMENT SERVICES
Medicaid-eligible individuals eligible for and participating in
Ohio's Help Me Grow Home Visiting Program

- ❖ 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.

[Specify and justify the frequency of assessments.]

Home Visitors (the individuals delivering targeted case management for Ohio's Help Me Grow Home Visiting Program) assess and periodically reassess the individual's need for medical, educational, social or other services through the use of research-based assessment tools to identify health risks and to measure physical, social, and emotional development. Assessment and reassessment results in the initial development or revision of the individual's care plan.

Ohio's Help Me Grow Home Visiting Program includes assessment or periodic reassessment of the individual's needs as a component of home visits scheduled through the duration of the individual's participation in the Program.

Home visits are scheduled at various frequencies throughout the period that the individual participates in Ohio's Help Me Grow Home Visiting Program. Upon initial enrollment in the Program, at least four weekly prenatal home visits are offered. After the initial four visits are completed, semi-monthly visits are offered until the baby is born.

After the baby is born, at least four weekly postpartum home visits are offered, followed by semi-monthly home visits until the baby is six months old. Home visits are offered at least monthly after the baby turns six months old.

- ❖ 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;

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- Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- Identifies a course of action to respond to the assessed needs of the eligible individual.
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - Services are being furnished in accordance with the individual's care plan;
 - Services in the care plan are adequate; and
 - Changes in the needs or status of the individual are reflected in the care plan.Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

[Specify the type of monitoring and justify the frequency of monitoring.]

Home Visitors review the implementation of each individual's care plan with the individual, family members, service providers, or other entities or individuals through at least monthly contacts. Home Visitors document updates or changes to the individual's care plan accordingly, at least every six months.

The frequency of home visits for monitoring and follow-up activities is derived from the evidence-based research on the following four successful home visiting models: (1) The Nurse-Family Partnership; (2) Healthy Families America; (3) Parents As Teachers; and (4) Partners for a Healthy Baby.

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- 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 manager to changes in the eligible individual's needs. (42 CFR 440.169(e))

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

Provider agencies must be approved by the Ohio Department of Health as having the ability to provide and monitor services. Provider agencies must employ or contract with individuals who meet the Home Visitor credentialing standards of Ohio's Help Me Grow Home Visiting Program. In addition, provider agencies must have signed Ohio Medicaid Provider Agreements with the single State Medicaid Agency.

Home Visitors (the individuals delivering targeted case management for Ohio's Help Me Grow Home Visiting Program) must, at a minimum:

1. Have completed (and can provide documentation of) at least an Associate's degree from a Council on Higher Education (CHEA) accredited college or university in a major field of study related to early childhood;
2. Obtain initial ODH credential (initial credential requires minimum education, attending training in-service sessions, and completing a personal profile with validated proof of completion through documentation on the Ohio Professional Development Network Registry, a statewide training registry); and
3. Maintain credential without lapse, meet the ODH home visitor credential renewal requirements every two calendar years by demonstrating (and showing proof of completion through documentation) 20 hours of continuing education related to the Home Visitor role or target population of Ohio's Help Me Grow Home Visiting Program as approved by the regulatory and licensure agencies or Ohio's Help Me Grow Home Visiting program and verification of training hours through the Ohio Professional Development Network Registry.

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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 the 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.]*

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42CFR 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 the same purpose.

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

Providers maintain case records that document for all individuals receiving case management as follows:

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- (i) The name of the individual;
- (ii) The dates of the case management services;
- (iii) The name of the provider agency (if relevant) and the person providing the case management service;
- (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- (v) Whether the individual has declined services in the care plan;
- (vi) The need for, and occurrences of, coordination with other case managers;
- (vii) A timeline for obtaining needed services;
- (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 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))

[Specify any additional limitations.]:

A unit of service is equivalent to a quarter hour (fifteen minutes). Up to 232 units of this service may be provided to an individual in one year.

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

[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

The target group is Medicaid eligible individuals, regardless of age, who are receiving alcohol or substance use disorder treatment services from an Ohio Department of Alcohol and Drug Addiction Services (ODADAS) certified or licensed Alcohol and Other Drug (AoD) treatment program.

- Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 *[insert a number; not to exceed 180]* consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

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

- Entire State
 Only in the following geographic areas: *[Specify areas]*

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

- Services are provided in accordance with §1902 (a)(10)(B) of the Act.
 Services are not comparable in amount, duration, and scope (§1915(g)(1)).

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Definition of Services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Targeted Case Management includes the following assistance:

- ❖ **Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:**
 - Taking client history;
 - Identifying the individual's needs and completing related documentation; and
 - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

[Specify and justify the frequency of assessments.]

Reassessment will occur at least 90 days from the completion of the initial assessment and at least once every 90 days following each reassessment.

- ❖ **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 (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:**
 - Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ **Monitoring and follow-up activities:**
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual,

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family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

- Services are being furnished in accordance with the individual's care plan;
- Services in the care plan are adequate; and
- Changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

[Specify the type of monitoring and justify the frequency of monitoring.]

The frequency of monitoring is, at the minimum, annual. The type of monitoring is unique to each individual as determined by the individual's targeted case management plan of care. Monitoring may be in person or by electronic forms of communication.

- 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 manager to changes in the eligible individual's needs. (42 CFR 440.169(e))

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Qualification 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.]

Providers will be agencies operating programs that have been certified by the Ohio Department of Alcohol and Drug Addiction Services. As employees of these agencies the following types of professionals, licensed to practice in accordance with Ohio law, are eligible to provide all components of targeted case management and may supervise other providers of case management: physician, clinical nurse specialist, registered nurse, certified nurse practitioner, psychologist, professional clinical counselor, licensed independent social worker, licensed independent marriage and family therapist, licensed independent chemical dependency counselor and licensed chemical dependency counselor III.

The following individuals are eligible to provide all components of targeted case management while under supervision: licensed practical nurse, chemical dependency counselor assistant, licensed chemical dependency counselor II, psychology assistant, professional counselor, licensed social worker, social work assistant, counselor trainee, licensed marriage and family therapist, licensed school psychologist, certified school psychologist, students enrolled in an accredited educational institution in Ohio and performing an internship or field placement, and care management specialists.

Physicians must be licensed by the state of Ohio Medical board and must demonstrate experience and/or training in substance use disorder treatment.

Clinical nurse specialists and certified nurse practitioners must be licensed and certified by the state of Ohio nursing board and must demonstrate experience and/or training in substance use disorder treatment. Clinical nurse specialists are required to have a Master's degree.

Psychologists must be licensed by the state of Ohio board of psychology and must demonstrate competence in substance use disorder treatment. Psychologists are required to have a doctoral degree or its equivalent.

Psychology assistants must practice under the supervision of a psychologist licensed by the state of Ohio board of psychology and must demonstrate competence in substance use disorder treatment.

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Professional clinical counselors must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Professional clinical counselors are required to have a Master's degree.

Professional counselors must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Professional counselors are required to have a Bachelor's or Master's degree.

Licensed independent social workers must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Licensed independent social workers are required to have a Master's degree.

Licensed social workers must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Licensed social workers are required to have a Bachelor's or Master's degree.

Licensed marriage and family therapists must be licensed by the state of Ohio counselor, social worker and marriage & family therapist board and must have a professional disclosure statement that includes substance abuse assessment and counseling. Licensed marriage and family therapists are required to have a Master's degree.

Licensed independent marriage and family therapists must be licensed by the state of Ohio counselor, social worker, and marriage & family therapist board and must have a professional disclosure statement includes substance abuse assessment and counseling. Licensed independent marriage and family therapists are required to have a Master's degree.

Chemical dependency counselor assistants must be certified by the Ohio chemical dependency professionals board and must be under clinical supervision by either a Physician, a Psychologist, a Professional clinical counselor, a Licensed independent social worker, a Registered nurse, a Licensed independent chemical dependency counselor, or a Licensed independent marriage and family therapist. Chemical

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dependency counselor assistants must have Forty (40) hours of approved education in chemical dependency counseling/clinical methods.

Licensed chemical dependency counselor IIs must be licensed by the Ohio chemical dependency professionals board and must be under clinical supervision by either a Physician, a Psychologist, a Professional clinical counselor, a Licensed independent social worker, a Registered nurse, a Licensed independent chemical dependency counselor, or a Licensed independent marriage and family therapist. Licensed chemical dependency counselor IIs must have Associate's degree in a behavioral science OR a Bachelor's degree in any field.

Licensed chemical dependency counselor IIIs must be licensed by the Ohio chemical dependency professionals board and must be under clinical supervision by either a Physician, a Psychologist, a Professional clinical counselor, a Licensed independent social worker, a Registered nurse, a Licensed independent chemical dependency counselor or a Licensed independent marriage and family therapist. Licensed chemical dependency counselor IIIs must have a minimum of a Bachelor's degree in a behavioral science.

Licensed independent chemical dependency counselors must be licensed by the Ohio chemical dependency professionals board. Licensed independent chemical dependency counselors must have a minimum of a Master's degree in a behavioral science.

Registered nurses must be registered with the Ohio board of nursing and must demonstrate experience and/or education in substance use disorder treatment. Registered nurses must have an Associate's or Bachelor's degree.

Licensed practical nurses must be licensed by the Ohio board of nursing to practice as a licensed practical nurse and must demonstrate experience and/or education in substance use disorder treatment. Licensed practical nurses must have an Associate's or Bachelor's degree.

School psychologists must be licensed to practice school psychology by the Ohio board of psychology and must demonstrate competence in substance use disorder treatment. Licensed school psychologists must have either a Master's or Doctorate degree.

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School psychologists must be certified by the Ohio board of psychology and must demonstrate competence in substance use disorder treatment.

Social work assistants must be registered with the state of Ohio counselor, social worker, and marriage and family therapist board and must demonstrate experience and/or education in substance use disorder treatment and must be supervised by an individual who is qualified to supervise and to be an alcohol and drug treatment services supervisor pursuant to the Ohio counselor, social worker, and marriage and family therapist board.

Counselor trainees must be registered with the state of Ohio counselor, social worker, and marriage and family therapist board and must demonstrate experience and/or education in substance use disorder treatment and must be supervised by an individual who is qualified to supervise and to be an alcohol and drug treatment services supervisor pursuant to the Ohio counselor, social worker, and marriage and family therapist board.

Students enrolled in an accredited educational institution in Ohio performing an internship or field placement and must be under appropriate clinical supervision either by a Physician, a Psychologist, a Professional clinical counselor, a Licensed independent social worker, a Registered nurse, a Licensed independent chemical dependency counselor or a Licensed independent marriage and family therapist. A student shall hold himself out to the public only by clearly indicating his student status and the profession in which he is being trained.

Care management specialists must have received training for or education in alcohol and other drug addiction, abuse, and recovery and who has demonstrated, prior to or within ninety (90) days of hire, competencies in fundamental alcohol and other drug addiction, abuse, and recovery. Fundamental competencies shall include, at a minimum, an understanding of alcohol and other drug treatment and recovery, how to engage a person in treatment and recovery and an understanding of other healthcare systems, social service systems, and the criminal justice system.

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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 the 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.]*

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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

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

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

Providers maintain case records that document for all individuals receiving case management as follows:

- (i) The name of the individual;
- (ii) The dates of the case management services;
- (iii) The name of the provider agency (if relevant) and the person providing the case management service;
- (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- (v) Whether the individual has declined services in the care plan;
- (vi) The need for, and occurrences of, coordination with other case managers,
- (vii) A timeline for obtaining needed services;
- (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 of the Act when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and FFP is not available in expenditures for, services defined in §441.169 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))

[Specify any additional limitations.]

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