

Qualifications of Providers: Personnel providing targeted case management services must meet applicable state licensing standards for their respective discipline. Case management services are covered when rendered by or under the supervision/direction of a qualified mental health professional as defined below. Case management services must be delivered by a specified person whose major responsibility to the particular service recipient is the provision of case management services and is an employee of a provider agency approved by the Dept. of Mental Health under IC 16-16-1-1.

A qualified mental health professional is defined as:

- * a licensed psychiatrist
- * a licensed physician
- * a licensed psychologist or a psychologist endorsed as a health service provider in psychology (HSPP)
- * an individual who has had at least two years of clinical experience with persons with serious mental illness under the supervision of a mental health professional, such experience occurring after the completion of master's degree or doctoral degree, or both, and who possesses one of the following sets of credentials:
 - a master's or doctoral degree, or both, in psychiatric nursing from an accredited university, plus a license as a registered nurse in Indiana; or
 - a master's or doctoral degree, or both, in social work from a university accredited by the Council on Social Work Education;
 - a master's or doctoral degree, or both, in psychology from an accredited university, and who meets the Indiana requirements for the practice of psychology;
 - a master's or doctoral degree, or both, in counseling and guidance from an accredited university;
 - a master's or doctoral degree, or both, in pastoral counseling from an accredited university;
 - a master's or doctoral degree, or both, in rehabilitation counseling from an accredited university;
 - a mental health professional who has documented equivalence in education, training, and/or experience approved by the supervising physician.

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Free Choice of Providers

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. There will be no restrictions on freedom of choice of providers, nor will targeted case management restrict the individual's free choice of providers of other Medicaid services.

- Individuals of the target population may choose whether or not to receive targeted case management services.
- Individuals of the target population may choose from any qualified provider of these services.
- Any person or entity meeting the state's requirements who wishes to become a Medicaid provider of targeted case management services may be given the opportunity to do so.

Targeted case management will not be used to restrict the access to other services available under the plan.

Duplication of Services

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
CASE MANAGEMENT SERVICES**

Target Group:

The target group consists of persons who are eligible for developmental disabilities services under Indiana Code 12-7-2-61(2). Developmental disability means a severe chronic disability of a person which (A) is attributable to a mental or physical impairment or combination of mental and physical impairments (other than the sole diagnosis of a mental illness); (B) is manifested before the person attains the age of twenty-two; (C) is likely to continue indefinitely; (D) reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; and (E) results in substantial limitations in three or more of the following areas of major life activity: (i) self-care; (ii) receptive and expressive language; (iii) learning; (iv) mobility; (v) self-direction; (vi) capacity for independent living; (vii) economic self-sufficiency.

Individuals who are:

- 1) Applying to be evaluated for initial eligibility determination to receive services through the Developmental Disabilities Waiver, Autism Waiver and/or Support Services Waiver and be placed on the appropriate waiting list.
- 2) Individuals who are not currently receiving waiver services through the Developmental Disabilities Waiver, Autism Waiver and/or Support Services Waiver; are targeted to receive a waiver slot from the waiting list or qualify for a priority waiver slot; and a waiver slot has been identified.
- 3) Current Residents of ICF/MR or Nursing Facility who are eligible to receive services through the Developmental Disabilities or Autism Waiver and a waiver slot has been identified.

Areas of State in which services will be provided:

- Entire State
- Only in the following geographic areas

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.

Restriction of Choice of Provider:

- Choice of provider is available in accordance with Section 1902 (a) (23) of the Act.
- Under the authority of section 1915 (b) (4) of the Act, a waiver of 1902 (a) (23) of the Act is requested to restrict choice of provider.

The District Offices of the Indiana Bureau of Developmental Disabilities Services (Indiana Division of Disability, Aging, and Rehabilitative Services) or its designee, or Area Agencies on Aging will provide Intake case management. Diversion and De-institutional case management providers will be entities that undertake to provide such services, and meet and comply with standards set by the Division of Disability, Aging and Rehabilitative Services.

Definition of Services:

Case management for individuals with developmental disabilities is a specialized form of case management. To receive case management services, the individuals must meet eligibility requirements established by the State. Case management services enable an individual with developmental disabilities to receive a full range of appropriate services in a planned, coordinated, efficient and effective manner to promote the well being of the individual. Targeted Case Management consists of three components: Intake Case Management, Diversion Case Management, and De-institutional Case Management. Together, these three components include the responsibility for locating, managing, coordinating, and monitoring: a) all proposed services; b) needed medical, social, educational and other publicly funded services, regardless of funding source; and c) informal community supports needed by eligible persons.

Intake Case Management activities include:

Initial Referrals and Applications - receiving referrals for the Developmental Disabilities, Autism and/or Support Services Waivers from individuals who need services, assisting individuals through the application process, disseminating information regarding programs and services, and providing coordination to resources

Collection of Current Diagnostic Collateral – collecting documentation and information needed for final determination of eligibility for developmental disabilities services.

Requesting Assessments – identifying and requesting assessments needed for eligibility determinations and to plan services for individuals with developmental disabilities in the least restrictive setting possible. Assessments shall be authorized by the Bureau of Developmental Disabilities Services.

Diversion Case Management activities include:

Person Centered Planning Process –assuring that the person centered planning process takes place and the individual participates to the extent they choose in order to discover the strengths and needs of the individual and identify services needed to remain in the community.

Service Planning - developing a long term and short term plan of services to support the individual in the least restrictive setting possible based on the needs and interest of the individual and developing the financial support plan that is needed to support the services requested.

Linkages to Community Services – identifying and securing support services with paid and unpaid community resources to meet the individual’s needs when transitioning to the community. Coordinating the selection of service providers to work directly with the individual, coordinating the transition plans with the selected provider and the individual, and assisting individuals to locate safe and appropriate housing.

Maintain Records – Maintaining appropriate records, including database per specifications of the State.

Transition to Waiver Services: -- complete initial service planning for all proposed services, including formal and informal supports; needed medical, social and other publicly funded services, regardless of funding source; and transition to Medicaid Waiver services, including the coordination of a smooth, seamless exchange of information with the waiver case manager.

De-institutional Case Management activities include:

ICF/MR and Nursing Facility Transition Services – coordinating the transition of individuals with developmental disabilities from ICF/MR or nursing facility settings to community settings, following established procedures. Transition services would not duplicate discharge planning done by the facility.

Person Centered Planning Process – assuring that the person centered planning process takes place and the individual participates to the extent they choose in order to discover the strengths and needs of the individual to transition to the community.

Service Planning - developing a long term and short term plan of services to support the individual in the least restrictive setting possible based on the needs and interest of the individual and developing the financial support plan that is needed to support the services requested.

Linkages to Community Services – identifying and securing support services with paid and unpaid community resources to meet the individual's needs in the community. Coordinating the selection of service providers to work directly with the individual, coordinating the service planning with the selected provider and the individual, and assisting individuals to locate safe and appropriate housing if necessary.

Advocacy for the Individual – advocating for the consumer with providers and in the community.

Maintain Records – Maintaining appropriate records, including database per specifications of the State.

Transition to Waiver Services: -- complete initial service planning for all proposed services, including formal and informal supports; needed medical, social and other publicly funded services, regardless of funding source; and transition to Medicaid Waiver services, including the coordination of a smooth, seamless exchange of information with the waiver case manager.

Eligibility to Receive Targeted Case Management:

Intake Case Management

An individual is eligible to receive Intake Case Management if he/she is applying to be evaluated to receive Medicaid-funded services for persons with developmental disabilities through the Developmental Disabilities, Autism and/or Support Services Waivers.

Diversion Case Management

An individual is eligible to receive Diversion Case Management if:

1. The individual has been determined by BDDS to be eligible for services for persons with developmental disabilities;
2. is a current Medicaid recipient; and
3. a waiver slot has been identified by BDDS for the individual to receive services through the Developmental Disabilities, Autism or Support Services Waiver.

De-institutional Case Management

An individual is eligible for De-institutional Case Management if:

1. Currently resides in an ICF/MR or Nursing Facility;
2. Is a current Medicaid recipient; and
3. A waiver slot has been identified by BDDS.

If an individual receives case management services under a Medicaid 1915 (c) Home and Community-Based Services Waiver, he/she is **not** eligible for Targeted Case Management.

Qualifications of Providers:

Intake Case Management

The District Offices of the Indiana Bureau of Developmental Disabilities Services, entities designated by BDDS, and the local Area Agencies on Aging will provide the Intake Case Management component of targeted case management services for individuals with developmental disabilities. The entities providing Intake Case Management component of targeted case management services for individuals with developmental disabilities must meet the following requirements:

For Level 1 case management services

- 1) Have a bachelor’s degree, be a registered nurse licensed under IC 25-23-1, or be employed by the State in a PAT III position; or
- 2) Meet the experience requirements for qualified mental retardation professional in 42 CFR 483.430 (a); and
- 3) Complete a course of case management orientation that is approved by BDDS.

OR

For Level 2 case management services

- 1) Have at least a four year college degree with no direct care experience; or
- 2) Have a high school diploma, or equivalent, and have at least (5) years experience working with persons with mental retardation or other developmental disabilities; and
- 3) be supervised by a Level 1 case management services provider who is supervising no more than four other Level 2 case management service providers.

Case managers shall not provide Targeted Case Management to any individual related in any degree by guardianship, adoption, blood, or marriage.

Persons who are certified to provide case management under 1915 (c) waivers for persons with developmental disabilities on September 30, 2001, are eligible to provide targeted case management after September 30, 2001; however, ICF/MR Level of Care determinations for 1915 (c) waiver applicants must be made by a QMRP as defined at 42 CFR 483.430.

Reimbursement for case management services for the target population shall be reimbursed on a fee-for-service basis. The rate is the current rate for case management services under the Developmental Disabilities, Autism and Support Services waivers.

Diversion Case Management

The entities providing Diversion Case Management component of targeted case management services for individuals with developmental disabilities must apply and gain approval from the Indiana Division of Disability, Aging and Rehabilitative Services (DDARS) to perform targeted case management and meet the following requirements:

For Level 1 case management services

- 1) Have a bachelor's degree, be a registered nurse licensed under IC 25-23-1, or be employed by the State in a PAT III position; or
- 2) Meet the experience requirements for qualified mental retardation professional in 42 CFR 483.430 (a); and
- 3) Complete a course of case management orientation that is approved by BDDS.

OR

For Level 2 case management services

- 1) Have at least a four year college degree with no direct care experience; or
- 2) Have a high school diploma, or equivalent, and have at least (5) years experience working with persons with mental retardation or other developmental disabilities; and
- 3) be supervised by a Level 1 case management services provider who is supervising no more than four other Level 2 case management service providers.

Case managers shall not provide Targeted Case Management to any individual related in any degree by guardianship, adoption, blood, or marriage.

Persons who are certified to provide case management under 1915 (c) waivers for persons with developmental disabilities on September 30, 2001, are eligible to provide targeted case management after September 30, 2001; however, ICF/MR Level of Care determinations for 1915 (c) waiver applicants must be made by a QMRP as defined at 42 CFR 483.430.

Diversion case management is available to eligible recipients to assist and arrange for an individual to begin to receive waiver services for up to 180 days (calendar days) preceding the waiver start date. However, Federal Financial Participation (FFP) will not be available for more than 180 days, regardless of whether or not the individual waiver start date occurs within the 180 days.

Reimbursement for case management services for the target population shall be reimbursed on a fee-for-service basis. The rate is the current rate for case management services under the Developmental Disabilities, Autism and Support Services waivers.

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De-institutional Case Management

Entities providing the De-institutional Case Management component of targeted case management services for individuals with developmental disabilities must apply and gain approval from the Indiana Division of Disability, Aging and Rehabilitative Services (DDARS) to perform targeted case management and meet the following requirements:

For Level 1 case management services

- 1) Have a bachelor’s degree, be a registered nurse licensed under IC 25-23-1, or be employed by the State in a PAT III position; or
- 2) Meet the experience requirements for qualified mental retardation professional in 42 CFR 483.430 (a); and
- 3) Complete a course of case management orientation that is approved by BDDS.

OR

For Level 2 case management services

- 1) Have at least a four year college degree with no direct care experience; or
- 2) Have a high school diploma, or equivalent, and have at least (5) years experience working with persons with mental retardation or other developmental disabilities; and
- 3) be supervised by a Level 1 case management services provider who is supervising no more than four other Level 2 case management service providers.

Case managers shall not provide Targeted Case Management to any individual related in any degree by guardianship, adoption, blood, or marriage.

Persons who are certified to provide case management under 1915 (c) waivers for persons with developmental disabilities on September 30, 2001, are eligible to provide targeted case management after September 30, 2001; however, ICF/MR Level of Care determinations for 1915 (c) waiver applicants must be made by a QMRP as defined at 42 CFR 483.430.

De-institutional case management is available to eligible recipients to assist and arrange for an individual’s community transition for up to 180 days (calendar days) preceding discharge. However, Federal Financial Participation (FFP) will not be available for more than 180 days, regardless of whether or not the individual’s community placement is completed within the 180 days.

Reimbursement for case management services for the target population shall be reimbursed on a fee-for-service basis. The rate is the current rate for case management services under the Developmental Disabilities, Autism and Support Services waivers.

Free Choice of Providers:

Targeted case management services for individuals with developmental disabilities will not restrict the individual’s free choice of providers of other Medicaid services, nor will targeted case management be used to restrict access to other services available under the plan.

Individuals of the target population may choose from any of the approved case managers. For individuals entering the system of targeted case management, an automatic assignment process will be used to assign Intake or De-institutional case managers under the following conditions:

1. If the individual or his/her guardian requests automatic assignment of a case manager to assist them through the process; **or**
2. If the individual has been targeted for a 1915 (c) HCBS waiver slot and has not chosen a case manager within 28 days after being presented with a list of case managers.

If the automatic assignment process is utilized, the automatically assigned case manager must present to the individuals a list of Waiver Case Managers prior to transferring to Waiver services and inform the individuals of their choices. Individuals may change case managers at any point.

The Bureau of Developmental Disabilities Services district offices are responsible for assuring that all individuals in the automatic assignment process are given a choice of case managers.

Any entity meeting the State's requirements who wishes to become a Medicaid provider of targeted case management services for the target population may be given the opportunity to do so.

Duplication of Services:

Payment for targeted case management services for individuals with developmental disabilities under the Plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. At such time as the individual begins receiving Medicaid Waiver services, targeted case management will be discontinued and case management services available through the Medicaid waiver will be implemented.