

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-052	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: September 1, 2010	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 USC 1396n(g)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2010 \$0 b. FFY 2011 \$0 c. FFY 2012 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 AND 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 AND 9	
10. SUBJECT OF AMENDMENT: The proposed amendment updates the service description of targeted case management provided to infants and toddlers with developmental delays as directed by the Centers for Medicare and Medicaid Services' (CMS) letter dated June 23, 2010.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: _____		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: September 15, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 15 September, 2010		18. DATE APPROVED: <i>14 December 2010</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: _____	
21. TYPED NAME: BILL BROOKS		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS: 			

Case Management Services - Infants and Toddlers with Developmental Disabilities

Target Population:

Infants and toddlers from birth to three years of age who meet the criteria for developmental disabilities set forth in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402) and have been referred to a qualified Texas Early Childhood Intervention (ECI) program.

D. Definition of Services:

Case management services are provided to assist eligible individuals in gaining access to needed medical, social, educational, developmental and other appropriate services. Case management services are limited to those that directly benefit the Medicaid eligible individual. The case management service is provided to assist targeted Medicaid clients in gaining access to these other services, and not to deliver the services. Case management services may be delivered either face-to-face or by telephone, for the purpose of enabling the client to obtain services as specified above.

Case management services include:

Intake and Needs Assessment: The intake process begins with telephone or face-to-face contact with the Medicaid client's family. The service coordinator provides information concerning case management and early intervention to the child's family and assists the child and family in gaining access to the evaluation and assessment process, including providing notice and obtaining consent. The needs assessment is then conducted and documented by the service coordinator in conjunction with the Medicaid client's family. The comprehensive needs assessment includes taking applicable history of the child; identifying the child'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 child's needs. The documentation lists medical, social, nutritional, educational, developmental, and other appropriate needs of the Medicaid client. Pre-Plan of Care service coordination is provided as needed.

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DATE APPV'D <u>12-14-10</u>	
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Supersedes TN 00-03
SUPERSEDES TN 00-03

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D. Definition of Services (continued)

Plan of Care: Information gathered from the comprehensive needs assessment is incorporated into an individualized family services plan of care (IFSP). With family consent, family concerns, priorities and resources are identified and documented in the plan. The plan summarizes assessment results, includes the services necessary to enhance the development of the child and the capacity of the family to meet the child's unique needs, and must be coordinated with other service providers involved in delivery of services to the child and family. The plan specifies the goals, outcomes, and strategies to address the medical, social, educational, developmental, and other services needed by the child; includes activities such as ensuring the active participation of the eligible child and his or her family, and working with the child and the family (or child's authorized health care decision maker) and others to develop those goals and identified outcomes; and identifies a strategy or course of action to respond to the assessed needs of the eligible child.

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Monitoring, referral and follow up: Through linkage, coordination, facilitation, assistance, and anticipatory guidance, the service coordinator ensures access to the care, resources and services to meet the client's needs. The service coordinator may assist the family in making applications for services; confirm service delivery dates with ECI staff, providers and supports; and assist the family with scheduling needs. The service coordinator assists the family in taking responsibility for ensuring that services are delivered, and works with medical providers, ECI staff, and other community resources to coordinate care and to monitor and follow up on the implementation, effectiveness and appropriateness of the child's plan of care and services. Monitoring and follow up will be conducted as needed and at least annually. The service coordinator documents each monitoring and follow up activity (face-to-face or telephone) in the child's case record.

Reassessment and Transition Planning: A reassessment of the child's progress and needs is conducted at least every six months. The service coordinator documents the reassessment in the child's case record. At reassessment, the service coordinator will determine if modifications to the plan of care are necessary. When services are no longer needed, or the child no longer qualifies for services, the service coordinator facilitates the planning, coordination, advocacy, and transition to other appropriate care.

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D. Definition of Services (continued)

Service Limitations:

Case management services are not reimbursable as Medicaid services when another payor is liable for payment or if case management services are associated with the proper and efficient administration of the state plan. Case management services associated with the following are not payable as optional targeted case management services under Medicaid:

1. Medicaid eligibility determinations and re-determinations;
2. Medicaid eligibility intake processing;
3. Medicaid pre-admission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program administration;
7. Medicaid "lock-in" provided for under the Social Security Act, section 1915(a);
8. Services that are an integral or inseparable part of another Medicaid service;
9. Outreach activities that are designed to locate individuals who are potential Medicaid eligibles; and
10. Any medical evaluation, examination, or treatment billable as a distinct Medicaid covered benefit. However, referral arrangements and staff consultation for such services are reimbursable as case management services.
11. 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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E. Qualification of Providers:

The Texas Early Childhood Intervention Program has implemented policies and procedures to ensure that case management services are:

1. Available on a statewide basis to ensure continuity of services without duplication;
2. Provided by service coordinators who meet the educational and work experience requirements commensurate with their job responsibilities as specified by the Texas Early Childhood Intervention Staff Qualification Policies and who have also completed, or are in the process of completing, the Texas Early Childhood Intervention case management curriculum;

Individuals providing case management must, at a minimum, have a high school diploma or a certificate recognized by the State as the equivalent of a high school diploma. Individuals must:

- (i) Demonstrate knowledge and understanding of infants and toddlers who meet the criteria for the target population;
- (ii) Understand Part C of the Individuals with Disabilities Education Act (IDEA);
- (iii) Understand the scope of services available under the State's early intervention program and the State's medical assistance program;
- (iv) Understand the State's system of payments for services; and
- (v) Have access to community resources and supports necessary to coordinate care for the eligible child.

Individuals must receive direct supervision from the enrolled ECI provider of case management services. Supervision includes consultation, record review or observation.

3. Made available to all eligible children; and
4. Provided in compliance with Texas Early Childhood Intervention Fiscal Policies for annual financial and compliance audits.

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F. Case Management Provider Conditions for Participation

Each case management provider must meet the following criteria to become a provider of case management services to infants and toddlers with developmental disabilities:

1. Must meet applicable State and Federal laws governing the participation of providers in the Medicaid program;
2. Must sign a provider agreement with the single state agency; and
3. Must meet the case management provider criteria and be approved by the Texas Early Childhood Intervention Program, the State program for infants and toddlers with developmental disabilities.

Freedom of choice:

Section 1915(g)(1) of the Social Security Act is invoked to limit the providers of case management services to the enrolled ECI provider agency under contract to the Texas Department of Assistive and Rehabilitative Services. The Department of Assistive and Rehabilitative Services has implemented rules, standards, and procedures to ensure that case management activities are:

1. Available on a statewide basis with procedures to ensure continuity of services without duplication; and
2. Provided by individuals who meet the requirements of education and work experience commensurate with their job responsibilities as specified by DARS.

Eligible recipients will have free choice of the providers of other medical care under the plan.

Case Records:

Providers are required to maintain case records that include the name of the participant, provider name, the date, time, duration and place of service, goals of the care plan, whether individuals have chosen not to receive case management services, coordination with other case managers, a timeline for obtaining services, and whether or not the goals have been met.

I. Access to Services:

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 targeted case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of targeted case management services. Providers of case management services cannot authorize or deny the provision of other services under the plan.

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