Supports Coordination/Targeted Case Management Models

# Targeted Case Management (T1017)

 Provided to SMI, DD (Non-HSW), Co-Occurring and SED consumers

 Complex case with intense/multiple service needs

 Must have medical necessity for and be receiving **ALL** of the TCM service elements as follows:

* Assessment  Planning
* Linking
* Advocacy
* Coordination
* Monitoring

 TCM expected on a short-term basis with transition to B3 Support and Service Coordination as medically necessary

 All services must be provided by the Case Manager

# B3 Support and Service Coordination (T1016)

 Provided to SMI, DD (Non-HSW), Co-occurring or SED consumer

 Less intense case with single or multiple service needs

 Must meet medical necessity and be receiving any combination of **one or more** of the service elements as follows:

* Assessment
* Planning
* Linking
* Advocacy
* Coordination
* Monitoring

 May be expected long-term to monitor and maintain stability  May use Assistants and brokers for service provision

# Supports Coordination – HSW (T1016)

 DD HSW enrolled consumers only

 Intensity level equivalent to Targeted Case Management

 Must meet medical necessity for and be receiving **ALL** of the service elements as follows:

* Assessment
* Planning
* Linking
* Advocacy
* Coordination
* Monitoring

 Typically long-term considering the ongoing needs associated with HSW population  May use assistants and brokers for service provision

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# Medicaid Provider Manual

## SECTION 13 – TARGETED CASE MANAGEMENT

Targeted case management is a covered service that assists beneficiaries to design and implement strategies for obtaining services and supports that are goal-oriented and individualized. Services include assessment, planning, linkage, advocacy, coordination and monitoring to assist beneficiaries in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and natural supports developed through the person-centered planning process. Targeted case management is provided in a responsive, coordinated, effective and efficient manner focusing on process and outcomes.

Targeted case management services must be available for all children with serious emotional disturbance, adults with serious mental illness, persons with a developmental disability, and those with co-occurring substance use disorders who have multiple service needs, have a high level of vulnerability, require access to a continuum of mental health services from the PIHP, and/or are unable to independently access and sustain involvement with needed services.

Beneficiaries must be provided choice of available, qualified case management staff upon initial assignment and on an ongoing basis.

## 13.1 PROVIDER QUALIFICATIONS

Providers must demonstrate the capacity to provide all core requirements specified below and have a sufficient number of staff to meet the needs of the target population.

Providers must document initial and ongoing training for case managers related to the core requirements and applicable to the target population served.

Caseload size and composition must be realistic for the case manager to complete the core requirements as identified in the individual plan of service developed through the person-centered planning process.

## 13.2 DETERMINATION OF NEED

The determination of the need for case management must occur at the completion of the intake process and through the person-centered planning process for beneficiaries receiving services and supports. Justification as to whether case management is needed or not must be documented in the beneficiary’s record.

## 13.3 CORE REQUIREMENTS

* Assuring that the person-centered planning process takes place and that it results in the individual plan of service.
* Assuring that the plan of service identifies what services and supports will be provided, who will provide them, and how the case manager will monitor (i.e., interval of face-to-face contacts) the services and supports identified under each goal and objective.
* Overseeing implementation of the individual plan of service, including supporting the beneficiary’s dreams, goals, and desires for optimizing independence; promoting recovery; and assisting in the development and maintenance of natural supports.

SECTION 13 – TARGETED CASE MANAGEMENT continued

* Assuring the participation of the beneficiary on an ongoing basis in discussions of his plans, goals, and status.
* Identifying and addressing gaps in service provision.
* Coordinating the beneficiary’s services and supports with all providers, making referrals, and advocating for the beneficiary.
* Assisting the beneficiary to access programs that provide financial, medical, and other assistance such as Home Help and Transportation services.
* Assuring coordination with the beneficiary’s primary and other health care providers to assure continuity of care.
* Coordinating and assisting the beneficiary in crisis intervention and discharge planning, including community supports after hospitalization.
* Facilitating the transition (e.g., from inpatient to community services, school to work, dependent to independent living) process, including arrangements for follow-up services.
* Assisting beneficiaries with crisis planning.
* Identifying the process for after-hours contact.

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| **Assessment** | The provider must have the capacity to perform an initial written comprehensive assessment addressing the beneficiary’s needs/wants, barriers to needs/wants, supports to address barriers, and health and welfare issues. Assessments must be updated when there is significant change in the condition or circumstances of the beneficiary. The individual plan of services must also reflect such changes. |
| **Documentation** | The beneficiary’s record must contain sufficient information to document the provision of case management, including the nature of the service, the date, and the location of contacts between the case manager and the beneficiary, including whether the contacts were face-to-face. The frequency of face-to-face contacts must be dependent on the intensity of the beneficiary’s needs.    The case manager must review services at intervals defined in the individual plan of service. The plan shall be kept current and modified when indicated (reflecting the intensity of the beneficiary’s health and welfare needs). A beneficiary or his/her guardian or authorized representative may request and review the plan at any time. A formal review of the plan shall not occur less often than annually to review progress toward goals and objectives and to assess beneficiary satisfaction. |
| **Monitoring** | The case manager must determine, on an ongoing basis, if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and scope (face-to-face and telephone) of case management monitoring activities must reflect the intensity of the beneficiary’s health and welfare needs identified in the individual plan of services. |

Targeted case management may not include direct delivery of ongoing day-to-day supports and/or training, or provision of other Medicaid services. Targeted case managers are prohibited from exercising the agency’s authority to authorize or deny the provision of services. Targeted case management shall not duplicate services that are the responsibly of another program.

## 13.4 STAFF QUALIFICATIONS

A primary case manager must be a qualified mental health or intellectual disability professional (QMHP or QIDP); or if the case manager has only a bachelor’s degree but without the specialized training or experience they must be supervised by a QMHP or QIDP who does possess the training or experience. Services to a child with serious emotional disturbance must be provided by a QMHP who is also a child mental health professional. Services to children with developmental disabilities must be provided by a QIDP.

Michigan Department of Health and Human Services

# Medicaid Provider Manual

**SECTION 17 – ADDITIONAL MENTAL HEALTH SERVICES (B3S)**

## 17.3.K. SUPPORT AND SERVICE COORDINATION

Functions performed by a supports coordinator, supports coordinator assistant, services and supports broker, or otherwise designated representative of the PIHP that **include** assessing the need for support and service coordination, and assurance of the following:

* Planning and/or facilitating planning using person-centered principles
* Developing an individual plan of service using the person-centered planning process
* Linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of Specialty Services and Supports and other community services/supports.
* Brokering of providers of services/supports
* Assistance with access to entitlements and/or legal representation
* Coordination with the Medicaid Health Plan, Medicaid fee-for-service, or other health care providers.

The role of the supports coordinator **assistant** is to perform the functions listed above, as they are needed, in lieu of a supports coordinator or case manager. A beneficiary would have only one of the three possible options: targeted case manager, supports coordinator, or supports coordinator assistant. When a supports coordinator assistant is used, a qualified supports coordinator or targeted case manager must supervise the assistant. The role and qualifications of the targeted case manager are described in the Targeted Case Management section of this chapter.

A services and supports broker is used to explore the availability of community services and supports, housing, and employment and then to make the necessary arrangement to link the beneficiary with those supports. The role of the supports coordinator or supports coordinator assistant when a services and supports broker is used is to perform the remainder of the functions listed above as they are needed, and to assure that brokering of providers of services and supports is performed.

Whenever services and supports brokers provide any of the supports coordination functions, it is expected that the beneficiary will also have a supports coordinator or case manager, or their assistant, employed by the PIHP or its provider network who assures that the other functions above are in place.

If a beneficiary has both a supports coordinator or supports coordinator assistant AND a services and supports broker, the individual plan of service must clearly identify the staff who is responsible for each function. The PIHP must assure that it is not paying for the supports coordinator (or supports coordinator assistant) and the services and supports broker to perform service brokering. Likewise, when a supports coordinator (or supports coordinator assistant) facilitates a person-centered planning meeting, it is expected that the PIHP would not "double count" the time of any services and supports broker who also attends. During its annual on-site visits, the MDHHS will review individual plans of service to verify that there is no duplication of service provision when both a supports coordinator assistant and a services and supports broker are assigned supports coordination responsibilities in a beneficiary’s plan of service.

Supports strategies will incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of natural supports. Supports coordinators will work closely with the beneficiary to assure his ongoing satisfaction with the process and outcomes of the supports, services, and available resources.

Supports coordination is reported only as a face-to-face contact with the beneficiary. Related activities, such as telephone calls to schedule appointments or arrange supports, are functions that are performed by a supports coordinator but not reported separately. Supports coordination functions must assure:

* The desires and needs of the beneficiary are determined
* The supports and services desired and needed by the beneficiary are identified and implemented
* Housing and employment issues are addressed
* Social networks are developed
* Appointments and meetings are scheduled
* Person-centered planning is provided, and independent facilitation of person-centered planning is made available
* Natural and community supports are used
* The quality of the supports and services, as well as the health and safety of the beneficiary, are monitored
* Income/benefits are maximized
* Activities are documented
* Plans of supports/services are reviewed at such intervals as are indicated during planning

While supports coordination as part of the overall plan implementation and/or facilitation may include initiation of other coverage and/or short-term provision of supports, it shall not include direct delivery of ongoing day-to-day supports and/or training, or provision of other Medicaid services. Supports coordinators are prohibited from exercising the agency’s authority to authorize or deny the provision of services. Supports coordination may not duplicate services that are the responsibility of another program.

The supports coordination functions to be performed and the frequency of face-to-face and other contacts are specified in the beneficiary’s plan. The beneficiary’s record must contain sufficient information to the document that provision or supports coordination, including the nature of the services, the date, and the location of contacts, including whether the contracts were face-to-fat. The frequency and scope of supports coordination contacts must take into consideration the health and safety needs of the individual.

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| **Qualifications of**  **Supports**  **Coordinators** | A minimum of a Bachelor’s degree in a human services field and one year of experience working with people with developmental disabilities if supporting that population; or a Bachelor’s degree in a human services field and one year of experience with people with mental illness if supporting that population. |
| **Qualifications of**  **Supports**  **Coordinator**  **Assistants and**  **Services and**  **Supports Brokers** | Minimum of a high school diploma and equivalent experience (i.e., possesses knowledge, skills and abilities similar to supports coordinator qualifications) and functions under the supervision of a qualified supports coordinator. Independent services and supports brokers must meet these qualifications and function under the guidance and oversight of a qualified supports coordinator or case manager. |

Michigan Department of Health and Human Services

# Medicaid Provider Manual

## SECTION 15 – HABILITATION SUPPORTS WAIVER FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Beneficiaries with developmental disabilities may be enrolled in Michigan’s Habilitation Supports Waiver (HSW) and receive the supports and services as defined in this section. HSW beneficiaries may also receive other Medicaid state plan or additional/B3 services. A HSW beneficiary must receive at least one HSW service per month in order to retain eligibility. Medical necessity criteria should be used in determining the amount, duration, and scope of services and supports to be used. The beneficiary's services and supports that are to be provided under the auspices of the PIHP must be specified in his individual plan of services developed through the person-centered planning process.

HSW beneficiaries must be enrolled through the MDHHS enrollment process completed by the PIHP. The enrollment process must include annual verification that the beneficiary:

* Has a developmental disability (as defined by Michigan law);
* Is Medicaid-eligible;
* Is residing in a community setting;
* If not for HSW services, would require ICF/IID level of care services; and
* Chooses to participate in the HSW in lieu of ICF/IID services

The enrollment process also includes confirmation of changes in the beneficiary’s enrollment status, including termination from the waiver, changes of residence requiring transfer of the waiver to another PIHP, and death. Termination from the HSW may occur when the beneficiary no longer meets one or more of the eligibility criteria specified above as determined by the PIHP, or does not receive at least one HSW service per month, or withdraws from the program voluntarily, or dies. Instructions for beneficiary enrollments and annual re-certification may be obtained from the MDHHS Bureau of Community Based Services. (Refer to the Directory Appendix for contact information.)

The PIHP shall use value purchasing for HSW services and supports. The PIHP shall assist beneficiaries to examine their first- and third-party resources to pursue all reimbursements to which they may be entitled, and to make use of other community resources for non-PIHP covered activities, supports or services.

Reimbursement for services rendered under the HSW is included in the PIHP capitation rate.

Beneficiaries enrolled in the HSW may not be enrolled simultaneously in any other §1915© waiver.

Habilitation services under the HSW are not otherwise available to the beneficiary through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973.

15.1 WAIVER SUPPORTS AND SERVICES

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| **Supports Coordination** | Supports coordination works with the waiver beneficiary to assure all necessary  supports and services are provided to enable the beneficiary to achieve community  inclusion and participation, productivity, and independence in home- and community based  settings. Without the supports and services, the beneficiary would otherwise  require the level of care services provided in an ICF/IID. Supports coordination  involves the waiver beneficiary and others identified by the beneficiary (i.e., family  member(s)) in developing a written individual plan of services (IPOS) through the  person-centered planning process. The waiver beneficiary may choose to work with a  supports coordinator through the provider agency, an independent supports  coordinator, a supports coordinator assistant, or a services and supports broker.  Functions performed by a supports coordinator, supports coordinator assistant, or  services and supports broker include an assurance of the following:   * Assistance with access to entitlements and/or legal representation. * Brokering of providers of services/supports. * Developing an IPOS using the person-centered planning process, including  revisions to the IPOS at the beneficiary’s request or as the beneficiary’s changing   circumstances may warrant.   * Linking to, coordinating with, follow-up of, and advocacy with all supports and services, including the Medicaid Health Plan, Medicaid fee-for-service, or other health care providers. * Monitoring of Habilitation Supports Waiver and other mental health services. * Planning and/or facilitating planning using person-centered principles. This   function may be delegated to an independent facilitator chosen by the beneficiary.  The role of the supports coordinator assistant is to perform the functions listed above,  as they are needed, when the beneficiary selects an assistant in lieu of a supports  coordinator. When a supports coordinator assistant is used, a qualified supports  coordinator must supervise the assistant.  The beneficiary may select a services and supports broker to perform supports  coordination functions. However, parents of a minor-aged beneficiary, spouse or legal  guardian of an adult beneficiary may not provide services and supports broker services  to the beneficiary. The primary roles are to assist the beneficiary in making informed  decisions about what will work best for him, are consistent with his needs and reflect  the beneficiary’s circumstances. The services and supports broker helps the |
|  | beneficiary explore the availability of community services and supports, housing, and  employment and then makes the necessary arrangements to link the beneficiary with  those supports. Services and supports brokerage services offer practical skills training  to enable beneficiaries to remain independent, including the provision of information on  recruiting/hiring/managing workers, effective communication and problem solving.  Whenever services and supports brokers perform any of the supports coordination  functions, it is expected that the beneficiary will also have a supports coordinator or  supports coordinator assistant employed by the PIHP or its provider network that  assures the other functions above are in place, and that the functions assigned to the  services and supports broker are being performed. The IPOS must clearly identify  which functions are the responsibility of the supports coordinator, the supports  coordinator assistant and the services and supports broker. The services and supports  broker must work under the supervision of a qualified supports coordinator.  Many beneficiaries choose a services and supports broker rather than traditional case  management services or supports coordination provided directly by a supports  coordinator. If a beneficiary does not want case management or supports coordination  services, the PIHP will assist the beneficiary to identify who will assist him in  performing each of the functions, including the use of natural supports or other  qualified providers, to assure the supports coordination functions are provided. The  IPOS must reflect the beneficiary’s choices, the responsible person(s) for each of the  functions listed in this section, and the frequency at which each will occur.  When the beneficiary chooses a supports coordinator assistant, a services and supports  broker, or a natural support to perform any of the functions, the IPOS must clearly  identify which functions are the responsibility of the supports coordinator, the supports  coordinator assistant, the services and supports broker or the natural support. The  PIHP must assure that it is not paying for the supports coordinator or supports  coordinator assistant and the services and supports broker to perform the same  function. Likewise, when a supports coordinator or supports coordinator assistant  facilitates a person-centered planning meeting, it is expected that the PIHP would not  "double count" the time of any services and supports broker who also attends. During  its on-site visits, MDHHS will review the IPOS to verify that there is no duplication of  service provision when both a supports coordinator or supports coordinator assistant  and a services and supports broker are assigned supports coordination responsibilities  in a beneficiary’s plan of service.  When the beneficiary chooses a supports coordinator assistant, a services and supports  broker, or a natural support to perform any of the functions, the IPOS must clearly  identify which functions are the responsibility of the supports coordinator, the supports  coordinator assistant, the services and supports broker or the natural support. The  PIHP must assure that it is not paying for the supports coordinator or supports  coordinator assistant and the services and supports broker to perform the same  function. Likewise, when a supports coordinator or supports coordinator assistant  facilitates a person-centered planning meeting, it is expected that the PIHP would not  "double count" the time of any services and supports broker who also attends. During  its on-site visits, MDHHS will review the IPOS to verify that there is no duplication of  service provision when both a supports coordinator or supports coordinator assistant  and a services and supports broker are assigned supports coordination responsibilities  in a beneficiary’s plan of service.  Supports strategies will incorporate the principles of empowerment, community  inclusion, health and safety assurances, and the use of natural supports. Support  coordinators, supports coordinator assistants, or services and supports brokers will  work closely with the beneficiary to assure his ongoing satisfaction with the process  and outcomes of the supports, services, and available resources.  Supports Coordination is reported only when there is face-to-face contact with the  beneficiary. Related activities, such as telephone calls to schedule appointments or  arrange supports, are functions that are performed by a supports coordinator but not  reported separately. Supports coordination functions must assure:   * Activities are documented * Appointments and meetings are scheduled * Housing and employment issues are addressed * Income/benefits are maximized * Information is provided to assure the beneficiary (and his representative(s), if applicable) is informed about self-determination * Monitoring of individual budgets (when applicable) for over- or under-utilization of funds is provided * Natural and community supports are used * Person-centered planning is provided and independent facilitation of person-centered planning is made available * Persons chosen by the beneficiary are involved in the planning process * Plans of supports/services are reviewed at such intervals as are indicated during planning * Social networks are developed * The desires and needs of the beneficiary are determined * The quality of the supports and services, as well as the health and safety of the beneficiary, is monitored * The supports and services desired and needed by the beneficiary are identified and implemented   Additionally, the supports coordinator, supports coordinator assistant, or services and  supports broker coordinates with, and provides information as needed to, the qualified  intellectual disability professional (QIDP) on the process of evaluation and reevaluation  of beneficiary level of care (e.g., supply status and update information, summarize  input from supports providers, planning committee members, etc.).  While supports coordination as part of the overall plan implementation and/or  facilitation may include initiation of other coverages and/or short-term provision of  supports, it shall not include direct delivery of ongoing day-to-day supports and/or  training, or provision of other Medicaid services. Supports coordination does not  include any activities defined as Out-of-Home Non-Vocational Habilitation,  Prevocational Services, Supported Employment, or CLS. Supports coordinators,  supports coordinator assistants, and services and supports brokers are prohibited from  exercising the agency’s authority to authorize or deny the provision of services.  Supports coordination may not duplicate services that are the responsibility of another  program.  The supports coordination functions to be performed and the frequency of face-to-face  and other contacts are specified in the beneficiary’s plan. The beneficiary’s record  must contain sufficient information to document the provision of supports coordination,  including the nature of the service, the date, and the location of contacts, including  whether the contacts were face-to-face. The frequency and scope of supports  rdination contacts must take into consideration health and safety needs of the  beneficiary. |