

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
08 - 09

2. STATE:
Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2008

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
DRA Section 6052

7. FEDERAL BUDGET IMPACT:
a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 1 to Attachment 3.1-A, pages 1D-1 thru 1D-5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Supplement to Attachment 3.1-A, pages 1-D-1 thru 2

10. SUBJECT OF AMENDMENT:
Targeted Case Management

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Paul Reinhart, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Paul Reinhart

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
June 30, 2008

16. RETURN TO:
Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: _____

18. DATE APPROVED: _____

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: _____

20. SIGNATURE OF REGIONAL OFFICIAL: _____

21. TYPE NAME: _____

22. TITLE: _____

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Case Management Services

A. Target Group D consists of persons who are:

1. aged 0-21 with a Michigan Department of Community Health, Children's Special Health Care Services (CSHCS) medically eligible diagnosis, or
2. SSI-Disabled Children's Program clients age 0-16, or
3. Aged 21 and over with either cystic fibrosis or coagulation defects.

B. Areas of the state in which services will be provided

- Entire State
- Only in the following geographic areas

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.

D. Definition of services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include:
 - a. taking client history;
 - b. 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 individual.
2. Development and periodic revision of a specific care plan that:
 - a. is based on the information collected through the assessment;
 - b. specifies the goals and actions to address the medical, social, educational and other services needed by the individual;

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Case Management Services

- c. 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,
 - d. identifies a course of action to respond to the assessed needs of the eligible individual.
 - 3. Referral and related activities:

Help an individual obtain needed services including activities that help link an individual with
 - a. medical, social, educational providers or
 - b. other programs and services that are capable of providing needed services and scheduling appointments for the individual.
 - 4. Monitoring and follow-up activities:

Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs and which may be with the individual, family members, 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:
 - a. services being furnished in accordance with the individual's care plan;
 - b. services in the care plan are adequate; and
 - c. there are changes in the needs or status of the individual and, if so, making necessary adjustments in the care plan and service arrangements with providers.
 - 5. Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.
 - 6. Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities.
- E. Qualifications of providers:
- 1. Case Management Provider Organizations must be certified by the single state agency as meeting the following criteria:

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- a. demonstrate a capacity to provide all core elements of case management services including
 - Comprehensive client assessment
 - Comprehensive care/service plan development
 - Linking/coordination of services
 - Monitoring and follow-up of services
 - Reassessment of the client's status and need
 - b. demonstrated case management experience in coordinating and linking such community resources as required by the target population
 - c. demonstrated experience with the target population
 - d. a sufficient number of staff to meet the case management service needs of the target population
 - e. an administrative capacity to ensure quality of services in accordance with State and federal requirements
 - f. a financial management capacity and system that provides documentation of services and costs.
 - g. capacity to document and maintain individual case records in accordance with State and federal requirements.
2. A case manager must be:
1. licensed to practice as a registered professional nurse in the State of Michigan and be employed as a Public Health nurse at the entry level or above by a local health department or
 2. able to demonstrate to MDCH that comparable qualifications are met.

F. Freedom of choice:

The State assures that the provision of case management services will not restrict an individual's freedom of 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 within the specified geographic area identified in this plan.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Access to Services:

The State assures that case management services will not be used to restrict an individual's access to other services under the plan.

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The State assures that individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services.

The State assures that individuals will receive comprehensive, case management services on a one-to-one basis, through one case manager.

The State assures that providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

The State assures that the amount, duration and scope of the case management activities would be documented in an individual's plan of care which includes case management activities prior to and post-discharge, to facilitate a successful transition to the community.

The State assures that case management is only provided by and reimbursed to community case management providers.

The State assures that Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.

H. Case Records:

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 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 case managers; the timeline for obtaining needed services; and, a timeline for reevaluation of the plan.

J. Limitations:

Case Management does not include the following:

1. case management activities that are an integral component of another covered Medicaid service;
2. direct delivery of an underlying medical, educational, social or other service to which an eligible individual has been referred;

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3. activities integral to the administration of foster care programs;
4. activities for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

Note: This amendment shall be construed consistently with any subsequent modification to the rules by CMS and shall not be applied if the cited regulations are not in force and effect due to agency, congressional or judicial action.

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