

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES

A. Target Group:

Persons with mental retardation who are unable to access needed medical, social, educational and other services because of adaptive deficits due to their level of handicap. Individuals who lack the active assistance of a family member or other interested person to assist them in accessing needed services. These individuals may reside with their natural families, in individualized residential settings, or licensed and unlicensed community care homes, which do not receive funding from Medicaid.

B. Areas of the 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.

TN#: 93-22

Effective Date: 07/01/94

Supersedes:

TN#: 88-8

Approval Date: 06/22/94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

D. Definition of Services:

Purpose - The purpose of case management is to assist individuals in gaining access to needed medical, social, educational, and other services. Emphasis will be placed on assisting individuals in accessing services which are non-Medicaid in nature.

Services -

1. Community Integration: Developing increased opportunities for community access and involvement, including, but not limited to: community living skills teaching, vocational, civic, and recreational services to reduce reliance on federally-funded programs.
2. Service Coordination/Referral: Activities required to link the client/family to services specified in the Individual Program Plan; consultation to providers, development of mutual/natural support systems, and facilitate access to community activities and services.
3. Monitoring: Assuring that the client/family is receiving services and that services continue to be needed and appropriate. This includes the client's/family's evaluation of services and evaluation of progress toward meeting objectives of the service plan.
4. Advocacy: Activities with the client/family and providers for the purpose of gaining access to needed services and entitlements and modifying service systems to increase accessibility and appropriateness for people with mental retardation.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

E. Qualifications of Providers:

Qualified professional staff is any person who, based on their education, training and experience, is approved by the Executive or Mental Retardation Director of a community mental health center or the Director of the state Division of Mental Retardation.

F. Freedom of Choice:

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. Duplication of Payments:

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.

H. Authority:

The single state agency, The Agency of Human Services, retains all authority to designate appropriate case management providers.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

A. Target Group:

Children who receive special education and related services pursuant to an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) as described in the Individuals with Disabilities Education Act.

B. Areas of the 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.

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Effective Date: 08/01/93

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TN#: None

Approval Date: 12/15/93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

D. Definition of Services:

Purpose - The purpose of case management is to assist individuals in gaining access to needed medical, social, educational, and other services.

Services -

1. Intake/assessment: Identifying the child's medical, social, educational, and other conditions and needs through in-person contact with the child and his/her family, and where appropriate, consultation with educational and medical service providers.
2. IEP/IFSP Development: Developing with the child, his/her family, and appropriate service providers an individualized plan which describes the services identified through the assessment process and sets out a plan to provide these services.
3. Coordination/Advocacy: Facilitating the child's access to the services identified in the IEP/IFSP. The case manager may advocate on behalf of the child for appropriate community resources and coordinate the multiple providers of social, educational, and health services defined in the IEP/IFSP.
4. Monitoring: Ensuring that the child's IEP/IFSP is implemented and assessing the child's progress towards meeting its objectives.
5. Evaluation: Determining whether the care plan is appropriate, whether a new or revised plan is necessary, or whether services should be terminated.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

E. Qualifications of Providers:

Qualified case managers are those providers who, based on their education, training and experience, have been designated as such by either the Agency of Human Services or the Department of Education.

F. Freedom of Choice:

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. Duplication of Payments:

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: Vermont

CASE MANAGEMENT SERVICES (Continued)

A. Target Group:

- 1) Families whose children are abused or neglected or suspected of being at imminent risk thereof;
- 2) Children and adolescents who are in the care or custody of the Department of Social and Rehabilitation Services or of an agency in another state and placed in Vermont; and,
- 3) Families of children receiving post adoption assistance.

B. Areas of the 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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

D. Definition of Services:

Purpose - The purpose of case management is to assist individuals in gaining access to needed medical, social, educational, and other services.

Services -

1. Case study and assessment: to facilitate the collection and assessment of information regarding the child, family and other relevant individuals, to determine the nature of the individual and family problems and to identify the services required to resolve/alleviate the problems.
2. Case Plan Development and Implementation: to facilitate the development of a case plan including medical and mental health components in accordance with the policy, procedure and regulation of the Department of Social and Rehabilitation Services and consistent with Medicaid requirements.
3. Case Supervision: to monitor the implementation of the case plan, to arrange for support services to maintain individuals in their home or in substitute care and to monitor the child and families' progress toward the goals and objectives established in the case plan.
4. Advocacy: to negotiate and coordinate activities on behalf of children and families to enable them to obtain otherwise inaccessible or unavailable medical, social, educational or other necessary services.
5. Placement: to facilitate the assessment of client placement needs, the selection of appropriate placement, preparation of client and family, coordination and accomplishment of placement.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

E. Qualified Provider:

Qualified case managers are those providers who, based on their education, training and experiences have been designated as such by either the Agency of Human Services or the Department of Social and Rehabilitation Services.

F. Freedom of Choice:

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. Duplication of Payments:

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.

1. The payment rate for this service will be established in accordance with the methodology identified in the approved cost allocation plan and will not duplicate payment from any other State Plan section. Additionally, payment for this service is not available for inmates of public institutions or prisons.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

Target Group:

Pregnant and postpartum women and infants through twelve months of age enrolled in the Vermont Department for Children and Families, Healthy Babies, Kids, and Families Program.

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)

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.

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:

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 individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- 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.

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Approval Date: 03/03/09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

Referral and related activities:

- to help an eligible individual obtain needed services including activities that help link an individual with
 - medical, social, educational providers or
 - other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

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:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - 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.

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.

Qualifications of providers:

Eligible providers must have a minimum of a bachelor's degree and must possess knowledge and skills in one or more of the following areas: assessment and evaluation; prenatal, postpartum and child development; anticipatory guidance; cultural competence, life skills and/or community resources. These qualifications enable providers to identify service needs and assist individuals with accessing and coordinating needed services.

Freedom of Choice:

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 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.

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Approval Date: 03/03/09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

Freedom of Choice Exception:

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

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.

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 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:

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.

Case management providers are paid on a per-visit, unit-of-service basis. A detailed description of the reimbursement methodology identifying the data used to develop the rate, is included in Attachment 4.19-B.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

Limitations:

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- Activities integral to the administration of foster care programs;
- Services to individuals who are incarcerated;
- Services to individuals who reside in an institution for mental disease;
- Activities for which third parties are liable to pay.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

Target Group:

The target group is comprised of children, ages one to five years, who have been identified by a health professional or community program who are at risk of inappropriate health care service utilization, medical complications, neglect, and or abuse. A medical provider verifies the medical necessity of the service.

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)

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.

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:

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 individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- 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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

Referral and related activities:

- to help an eligible individual obtain needed services including activities that help link an individual with
 - medical, social, educational providers or
 - other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

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:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - 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.

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.

Qualifications of providers:

Eligible providers must have a minimum of a bachelor's degree and must possess knowledge and skills in one or more of the following areas: assessment and evaluation; child development; anticipatory guidance; cultural competence, life skills and/or community resources. These qualifications enable providers to identify service needs and assist individuals with accessing and coordinating needed services.

Freedom of choice:

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 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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

Freedom of Choice Exception:

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

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.

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 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:

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.

Case management providers are paid on a per-visit, unit-of-service basis. A detailed description of the reimbursement methodology identifying the data used to develop the rate, is included in Attachment 4.19-B.

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Supersedes:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES (Continued)

Limitations:

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred;
- Activities integral to the administration of foster care programs;
- Services to individuals who are incarcerated;
- Activities for which third parties are liable to pay;
- Visits which are not medically necessary.

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