



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place
Boston, MA 02108



DEVAL L. PATRICK
Governor

March 24, 2008

JUDYANN BIGBY, M.D.
Secretary

TIMOTHY P. MURRAY
Lieutenant Governor

THOMAS R. DEHNER
Medicaid Director

Mr. Richard R. McGreal
Associate Regional Administrator
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health
Region One
JFK Federal Building, Room 2275
Boston, MA 02203

Re: MA-TN-08-003, a State Plan Amendment regarding Targeted Case Management
for Individuals under Age 21 Who Have Serious Emotional Disturbance

Dear Mr. McGreal:

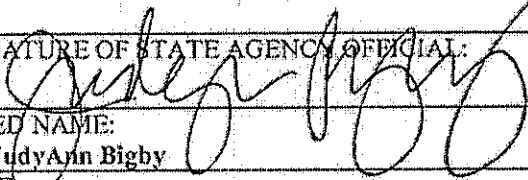
Attached is MA TN-08-003, an amendment to Supplement to Attachment 3.1A/B and Attachment 4.19-B of the Massachusetts Title XIX State plan. Under separate cover, we are also submitting MA-TN-08-004. The purpose of both of these amendments is to implement the judgment of the Federal District Court in Rosie D. v. Romney. If you would like, we would be happy to provide you with a copy of the Judgment. As you know, federal financial participation is available for all state expenditures provided within the scope of the Federal Medicaid program and made under court order. 42 CFR 431.25. We look forward to working with CMS to obtain approval for this amendment and to implementing the improvements to Massachusetts' Medicaid program that this approval will enable the Commonwealth to make.

To expedite your review, we have enclosed both a redlined copy and a non-redlined copy of the amendment. Please direct any questions about this amendment to State plan Coordinator Michael Coleman at (617) 573-1748.

Sincerely,

JudyAnn Bigby, M.D.
Secretary

cc: Allen Bryan, CMS, Region One
Irvin Rich, CMS, Region One

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 08-003	2. STATE MA
		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 04/01/09	
5. TYPE OF PLAN MATERIAL (Check 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 U.S.C. 1396d(a)(25), 1396n(g), 1396a(a)(43), 1396d(r), 1396a(a)(10), 42 CFR 431, 440 and 441		7. FEDERAL BUDGET IMPACT: a. FFY09 \$ 6,920,000. b. FFY10 \$73,287,000.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, page 6-8 Supplement 1 to Attachment 3.1-B, page 6-8 Attachment 4.19-B, page 2A-1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 2A-1	
10. SUBJECT OF AMENDMENT: Targeted Case Management for Individuals Under Age 21 Who Have Serious Emotional Disturbance			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CMR 430.12(b)(2)(ii)			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11 th Floor Boston, MA 02108	
13. TYPED NAME: Dr. JudyAnn Bigby			
14. TITLE: Secretary			
15. DATE SUBMITTED: 03/24/08			
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. TYPED NAME:		22. TITLE:	
23. REMARKS:			

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Case Management Services Provided to the Categorically Needy

M. Targeted Case Management – Individuals under 21 with Serious Emotional Disturbance (SED)

1. **Target Group:** The target group includes individuals under 21 with a Serious Emotional Disturbance (SED) including individuals with co-occurring conditions.

2. **Areas of State in Which Services Will be Provided**

Services are available state-wide

3. **Comparability of Services**

Services are not comparable in amount, duration and scope. (Authority of §1915(g)(1) of the Act is invoked to provide services without regard to the requirements of § 1902(a)(10)(B)

4. **Definition of Services**

Targeted Case Management Services (Intensive Care Coordination) is defined as follows:

1. **Assessment:** The Care Manager, working with the Care Planning Team, may use multiple tools, including a strengths-based standardized assessment instrument, in conjunction with a comprehensive psychosocial assessment and other clinical information to organize and guide the development of an individualized care plan. The Care Planning Team is a source for information needed to form a complete assessment of the child. The Care Planning Team includes, as appropriate, the Care Manager, providers, case managers from state agencies that provide services to the child, family members, and natural supports such as neighbors, friends and clergy. Assessment activities include, without limitation: the Care Manager 1) assisting the family to identify appropriate members of the Care Planning Team; 2) facilitating the Care Planning Team to identify strengths and needs of the child and strengths and needs of family in meeting the child's needs and 3) collecting background information and plans from other agencies. The assessment process will determine the needs of the child for any medical, educational, social or other services. Further assessments will be provided as medically necessary.

2. **Development of an individualized care plan:** Using the information collected through an assessment, the Care Manager, convenes and facilitates the Care Planning Team, together with the Team develops a person and family-centered, Individual Care Plan that specifies the goals and actions to address the medical, social, educational and other services needed by the eligible individual. The Care Manager works directly with the child, the family (or the child's authorized health care decision maker) and others to identify the strengths, needs and goals of the child and the strengths, needs and goals of the family in meeting the child's needs.

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Case Management Services Provided to the Categorically Needy**

3. Referral and Related Activities: Using the individual Care Plan, the Care Manager (1) convenes, coordinates and communicates with the Care Planning Team to implement the Individual Care Plan; (2) works directly with the child and family to implement elements of the Individual Care Plan; (3) prepares, monitors and modifies the Individual Care Plan in concert with the Care Planning Team; (4) coordinates the delivery of available services, including services reimbursable under 42 USC 1396d(a) and educational, social or other services; (5) develops, in concert with the Care Planning Team, a transition plan when the child has achieved the goals of the Individual Care Plan; and (6) collaborates with other service providers on the child and family's behalf.

4. Monitoring and follow-up activities include reviewing the Individual Care Plan periodically and convening the Care Planning Team as needed to update the Plan of Care to reflect the changing needs of the child. The Care Manager and the Care Planning Team perform such reviews and include (1) whether services are being provided in accordance with the Individual Care Plan (2) whether the services in the Individual Care Plan are adequate and (3) whether there are changes in the needs or status of the individual and if so, adjusting the Care Plan as necessary.

5. Qualifications of Providers:

Providers are agencies known as Community Service Agencies (CSAs) that meet requirements established by the single state Medicaid Agency. CSAs must employ or contract with licensed behavioral health clinicians or paraprofessionals supervised by licensed behavioral health clinicians to provide case management services known as Intensive Care Coordination (ICC). The case manager, known as the Care Manager, develops and coordinates a child specific care planning team that develops an individualized, child centered, family and strengths-based Plan of Care..

6. Free Choice of Providers

- a. Free choice of providers of case management services may be restricted in accordance with the provision of 1915(g)(1) of the Medicaid Act as amended by Section 4118(i) of the Omnibus Budget Reconciliation Act of 1987 and 42CFR 431.51.
- b. Eligible members will have free choice of providers of other medical care under the plan.

7. Non-Duplication of Payment

Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Case Management Services Provided to the Categorically Needy

8. Intensive Care Coordination Services To Individuals in Institutions

Nothing in the definition excludes the provision of Intensive Care coordination to individuals who are in hospitals, ICF-MRs, Institutions for Mental Disease (IMDs), Psychiatric Residential Treatment Facilities (PRTFs), and Skilled Nursing Facilities who meet the definition of the target population described above.

- a. Such Intensive Care Coordination Services may be provided:
 - For as long as medically necessary to the extent not prohibited under applicable law or regulation
- b. These activities shall be coordinated with, and not duplicate, institutional discharge planning.
- c. The amount, duration, and scope of Intensive Care Management activities will be documented in the Member's Individual Care Plan
- d. Transitional Intensive Care Coordination is provided by and reimbursed only to CSAs
- e. The Commonwealth will monitor compliance with these provisions through a system that includes periodic audits and claims reviews.

9. Limitations on Qualified Providers

Providers are limited to regionally based, Community Service Agencies that MassHealth determines are most qualified to provide Intensive Care Coordination to members with SED including co-occurring disorders. These limitations will ensure that individuals within the target group receive needed services by establishing a defined group of providers who have and maintain expertise in the special service needs of this population.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Case Management Services Provided to the Medically Needy

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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

- VIII. Case management for Medicaid recipients Diagnosed with AIDS living in congregate housing. The reimbursement method will be a monthly rate that reflects the reasonable and necessary costs for required staff including salaries, taxes, and benefits, and the associated overhead costs. The monthly rate is fixed, negotiated, provider specific, and established by contract. The monthly rate is prorated on a daily basis for services provided for less than a month.
- IX. Case management for Medicaid recipients who are juveniles committed to the custody of the Department of Youth Services. The reimbursement method will be a monthly rate that reflects the reasonable and necessary costs for required staff including salaries, taxes, and benefits, and the associated overhead costs. The monthly rate is fixed, negotiated, provider specific, and established by contract. The monthly rate is prorated on a daily basis for services provided for less than a month.
- X. Case management for elders with chronic but stable medical conditions. The per-member rate is negotiated and established by contract. For the initial period of implementation the rate was established through analysis of similar services in Massachusetts, for example the Primary Care Clinician program, and other states, and modified to reflect the acuity level and complexity of the target population. The per member rate will be \$25 per member per month, with the minimum threshold for billing being a contact of at least 15-minutes between the community service provider and the member and the physician. The rate will be evaluated and adjusted, if necessary, on a two-year cycle.
- XI. Case Management for individuals under age 21 with a serious emotional disturbance - fee schedule established by the Division of Health Care Finance and Policy