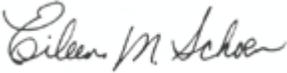


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Targeted Case Management Services	BY  Eileen M. Schoen Deputy Secretary for Medical Assistance Programs
NUMBER:	99-89-12, 1247-89-01	
ISSUE DATE:	November 13, 1989	
EFFECTIVE DATE:	June 1, 1989	

PURPOSE:

The purpose of this bulletin is to announce that the Department of Public Welfare (DPW), Office of Medical Assistance Programs (OMAP), has implemented targeted case management services for recipients with AIDS or Symptomatic HIV on June 1, 1989. This bulletin also announces criteria and requirements for participation by case managers for all targeted case management programs administered by OMAP. Additional targeted recipient groups will be announce at a later date.

SCOPE:

This bulletin applies to all persons interested in enrolling as case managers in the Targeted Case Management Program to service recipients with AIDS or Symptomatic HIV. This program is administered by OMAP. The information and requirements established in this bulletin apply only to the Targeted Case Management Program for AIDS or Symptomatic HIV administered by OMAP. This bulletin does not apply to case management services administered by other offices within the Department.

BACKGROUND:

Case management is a concept for guiding and assisting individuals in selected target groups in gaining access to medical and social services affecting the individual's health. Case managers locate services that are necessary and appropriate for recipients based on medical plan of care developed by each recipient's physician. The case managers then coordinate and facilitate access to care, monitor service delivery and evaluate the continuing need for service. The emphasis of case management is on community-based care that is cost-efficient, focused on the recipient, and family-oriented when appropriate. Comprehensive outpatient medical and social services are major factors that contribute to maintenance in the home of individuals who are at high risk of frequent hospitalization while promoting the well being of the individual and reducing the high cost of medical care.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (P.L. 99-272) gave statutory authority to state Medicaid programs to offer targeted case management services as an optional benefit. The Omnibus Budget Reconciliation Act (OBRA) of 1986, the Tax Reform Act of 1986, and OBRA 1987 also dealt with case management services. Federal regulations have not been published implementing the provisions of the statutes. However, the Health Care Financing Administration provided states with instructions for contained in State Medicaid Manual, Part 4, Transmittal NO. 30 (January 1988).

Target groups selected for case management will be made up of recipients with medical conditions for which there is evidence that proper and timely attention of medical and related social problems can reduce the need for frequent hospitalization. The Department elected to phase-in coverage for the different targeted groups. We believe that recipients with AIDS or symptomatic HIV are an appropriate group for targeted case management services. Coverage for that group began on June 1, 1989.

DISCUSSION:

The Department's policies governing payment for targeted case management will be published as proposed regulations in the near future in the Pennsylvania Bulletin and will reflect federal guidelines. The regulations will establish criteria a case manager must meet in order to participate in the Medical Assistance Program, requirements relating to the services case managers must provide, and payment policies and limitations. The regulations will also address recipient eligibility requirements for receiving case management services under the Medical Assistance program. The recipient will have freedom of choice to select a case manager who is enrolled in the Medical Assistance program, and approved as a case manager for the recipient's target group. Recipients will continue to obtain other covered services from the providers of their choice who participate in the Medical Assistance Program.

Medical assistance recipient eligibility requirements:

To be eligible for targeted case management services under the proposed regulations, a recipient must:

1. Be categorically or medically needy.

2. Not be enrolled in a hospice, health maintenance organization (HMO) or health insuring organization (HIO). Case management services are covered as an integral part of hospice programs. Because HMOs/HIOs provide services comparable to the Medical Assistance Program, case management services will be available through those agencies.
3. Have a diagnosed medical condition identified by the Department as belonging to a group targeted for case management services.

Case manager participation requirements:

Since there are no licensing laws Currently governing the qualifications for case managers, the Office of Medical Assistance programs limits enrollment in the Pennsylvania Medical Assistance program as a case manager to individuals who meet one of the following criteria:

1. RN licensed in Pennsylvania who has a minimum of 1 year case management experience, and a combination of 12 semester hours of psychology, sociology, and other social welfare courses. An RN must also have one year experience working with the target group plus documented case management training.
2. MSW/MSS who has a minimum of 1 year case management experience, and documented case management training.
3. BSW/BSS who has a minimum of 1 year case management experience, and documented case management training.
4. MSN/or equivalent Master's Nursing degree who has a minimum of 1 year case management experience, and documented case management training.
5. BSN/or equivalent nursing degree who has a minimum of 1 year case management experience, and documented case management training.

Applicants must have credentials from accredited educational institutions. Experience and case management training must be acceptable to the Department.

Ongoing responsibilities of case managers:

As a condition of ongoing eligibility as a case manager, the case manager must:

1. Complete training programs developed and/or required by the Department within specified time frames,
2. Develop a service coordination plan for each recipient based on a medical treatment pan developed by the recipient's physician within thirty days of notification by the Department that the recipient is eligible for the targeted case management program. Development of the service coordination plan will include active participation by the recipient. The service coordination plan will be updated monthly to document and certify the effectiveness of services included in the plan and the recipient's need for continuation of services. The monthly update of the service coordination plan must also document and certify the recipient's continuing need for case management services. Service coordination plans must be submitted to the Department or its representative upon request or as designated by the Department.
3. Meet with the recipient or the recipient's representative within 30 days of the initial contact with follow-up meetings at least every six months. Exceptions to this requirement due to extenuating circumstances will be made at the discretion of the Department.
4. Maintain licensure status required for initial enrollment, and
5. Comply with additional requirements and standards of practice that may be developed by the Department.

Services provided by case managers include and are limited to the following:

1. Screening of potential clients for target group eligibility.
2. Assessing service needs based on a physician's medical treatment plan.
3. Developing and implementing a service coordination plan.
4. Identifying, linking and coordinating services.
5. Facilitating access to services.
6. Monitoring the effectiveness of services.

7. Reassessing service needs.

Payment for targeted case management services:

Payment for the above listed services will be made under the following conditions:

1. Case managers will be paid for services provided in 15 minute units. Payment will be made at the following rates according to the units of service provided.

1 unit = 15 minutes - \$7.50

2 units = 30 minutes - \$15.00

3 units = 45 minutes - \$22.50

4 units = 60 minutes - \$30.00

Payment for the first month of services will be made up to a limit of 80 units (20 hours) per client and for every; month thereafter up to a limit of 60 units (15 hours) per client.

2. The Department reserves the right to limit the number of recipients in a case manager's caseload.
3. Payment will be made for services provided by only one medical assistance case manager per recipient for a given period of time, which will be determined by the Department.
4. The Department will not pay for targeted case management services that are:
 - a. Available through other public agencies, private insurance plans, and local, state or federal programs.
 - b. Provided to recipients who do not qualify as members of a targeted group.
 - c. Provided as an integral part of another covered medical assistance service.
 - d. Provided for purposes other than to assist recipients to gain access to medical and social services related to that person's service coordination plan.
 - e. Provided as outreach activities for the purpose of seeking potential recipients of case management services.
 - f. Provided as part of institutional discharge planning.

PROCEDURE:

Individuals who wish to participate in the Medical Assistance Program as case managers should contact the Department for enrollment information by writing to:

Department of Public Welfare
Office of Medical Assistance Programs
Division of Outpatient Operations
Outpatient Claims Processing Management Section
Case Management Unit
P.O. Box 8044
Harrisburg, Pennsylvania 17105

TELEPHONE REQUESTS REGARDING THE CASE MANAGEMENT PROGRAM MAY BE MADE BETWEEN 8:30 A.M. – 4:00 P.M., MONDAY THROUGH FRIDAY, TO (717) 782-6228. THIS NUMBER IS FOR CASE MANAGEMENT INQUIRIES ONLY.

Recipients may access targeted case management services through self referral or referral by a physician, advocacy group, the local county assistance office, or other person/agency acting on behalf of the recipient. Written requests may be sent to the same address as listed above.

The telephone request number listed above may also be used. All referrals should include the recipient's name, medical assistance identification number, address, county of residence and telephone number.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Division of Outpatient Operations, Case Management Unit
P.O. Box 8044, Harrisburg, PA 17105

(717) 782-6228

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.