

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 45—Division of Developmental Disabilities
Chapter 8—Targeted Case Management for Individuals with Developmental Disabilities

PROPOSED RULE

9 CSR 45-8.020—Requirements for Providers of Targeted Case Management for Individuals with Developmental Disabilities

PURPOSE: This rule sets forth the requirements for providers of targeted case management for individuals with intellectual and developmental disabilities authorized under Section 1915(g) of the Social Security Act and covered under Missouri's Medicaid State Plan on file with the Centers for Medicare and Medicaid Services.

- (1) Qualifications of agencies providing TCM.
- (A) As specified in the Missouri State Plan under Title XIX of the Social Security Act, agencies qualified to provide TCM shall be limited to:
 - 1. Regional offices of the Missouri Department of Mental Health Division of Developmental Disabilities; and
 - 2. Senate Bill 40 Boards designated by the department; and
 - 3. Affiliated community service providers designated by the department in accordance with 9 CSR 25 Chapter 2, and
 - 4. Not for profit agencies registered with the Missouri Secretary of State, designated by the department.
 - (B) Agencies designated by and under contract with the department as providers of TCM shall enroll as providers with the Missouri Medicaid Audit and Compliance (MMAC) Provider Enrollment office within the Department of Social Services and shall comply with 13 CSR 70 Chapter 3 – Conditions of Provider Participation, Reimbursement and General Applicability.
 - (C) Providers of TCM must comply with the requirements of 42 CFR § 441.301(c)(1)(vi) regarding conflict free case management.
 - (D) A provider of TCM may also provide home and community-based waiver services (HCBS), but may not provide both TCM and HCBS to the same individual.
- (2) Eligibility for services, application process, and referral.
- (A) Eligibility for support coordination under the TCM program shall be determined by the Regional Offices (RO) of the DMH in accordance with 9 CSR 45-2.010;
 - (B) Providers of TCM who are also SB 40 Boards may work with the regional office to assist with the application part of the intake process;
 - (C) The final determination of eligibility shall be the responsibility of the department. Determinations of ineligibility may be appealed by the applicant or individual in accordance with 9 CSR 45-2.010;

- (D) Following the determination of eligibility by the RO, a referral including an information packet shall be made to the TCM provider serving the county of residence of the individual within three (3) business days of eligibility determination. The referral packet shall include:
1. Current contact information including home address and phone number;
 2. Admission documents;
 3. Current health records available;
 4. Eligibility review documents, including description of the eligible diagnosis; functional limitations, supporting documentation for all diagnoses; adaptive behavior assessments such as the Missouri Critical Adaptive Behavior Instrument and the Vineland Adaptive Behavior Scales, and any other assessments available;
 5. Individual support plan documents, if applicable, including the current ISP and any amendments since the last plan, budgetary documents, case notes within the most recent six (6) months, previous six (6) months of monthly or quarterly reviews, previous six (6) months of service monitoring case notes, and prioritization of need and utilization review forms.
 6. If the Regional office has in its possession legal documents, such as guardianship papers, records of arrests, pending criminal charges or convictions, orders of protection, court ordered custody, burial plans, wills, trusts, life insurance, and other documents pertinent to the referral, they shall be included in the Referral Packet.
- (E) The TCM provider shall assign a support coordinator within five (5) business days of receiving a referral from the RO.
- (F) TCM providers shall provide services to all individuals referred by the RO including individuals who are eligible for Medicaid and those who are not eligible for Medicaid, provided the ratio of Medicaid to non-Medicaid eligible individuals does not fall below sixty five percent (65%). If adding an individual will result in the ratio of Medicaid to non-Medicaid to fall below sixty five percent (65%), then the RO will determine the most reasonable TCM provider for the individual to be referred to taking into account geography and capacity.
- (3) Services.
- (A) Providers of TCM shall operate and maintain a contact telephone number twenty four (24) hours a day, seven (7) days a week for individuals and families requiring assistance after normal business hours.
- (B) Providers of TCM shall be responsible for assisting individuals requesting services to file an application for MO HealthNet and shall provide assistance to MO HealthNet eligible individuals receiving services to maintain eligibility.
- (C) Providers of TCM for individuals with developmental disabilities shall provide the following services:
1. Assessment - identifying the need for medical, social or other services and completing related documentation, and gathering information from other sources.
 2. Development of an individual support plan in accordance with 9 CSR 45-8.030.

3. Referral and related activities to help eligible individuals obtain needed services as required by the Medicaid state plan for TCM. This includes activities that help link with medical, social or educational providers or other programs that are capable of providing needed services to address identified needs and achieve goals in the individual support plan.

(D) Services shall be documented in accordance with 13 CSR 70-3.030, Conditions of Provider Participation, Reimbursement, and Procedures of General Applicability, Sanctions for False or Fraudulent Claims for MO HealthNet, section (2) subsection (A) paragraph 13. ~~Documentation shall include:~~

- ~~1. the service type and number of units provided;~~
- ~~2. the activity related to the ISP;~~
- ~~3. the date of service and the start and end times;~~
- ~~4. the name of the staff person providing the service;~~
- ~~5. the name of the individual receiving services;~~
- ~~6. the location where the services were provided;~~
- ~~7. the signature and title of the program supervisor/provider; and~~
- ~~8. other information deemed necessary by the department.~~

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(4) Staff qualifications.

(A) As specified in the Missouri State Plan under Title XIX of the Social Security Act, case management staff, also called support coordinators, shall meet the following qualifications in paragraph 1. OR 2. below:

1. One (1) or more years of professional experience in one of the following professions:
 - A. Registered nurse; OR
 - B. Social work, special education, psychology, counseling, vocational rehabilitation, physical therapy, occupational therapy, or speech therapy or a closely related area; OR
 - C. Provision of direct care to people with developmental disabilities and a bachelor's degree from an accredited college or university with a minimum of twenty four (24) semester hours or thirty six (36) quarter hours of credit in one or a combination of human service field specialties. Additional experience as a registered nurse may substitute on a year-for-year basis for a maximum of two (2) years of required education.
2. OR
 - A. Has worked for the state as a Case Manager I; or
 - B. Is on the State of Missouri merit register for Case Manager I.

(5) Support coordinators employed by providers of TCM shall successfully complete competency-based training approved by the DMH.

- (A) Successful completion of training shall be evidenced by a minimum score of 80% on the TCM test;
 - (B) Support coordinators shall successfully complete TCM training and testing within the first three (3) months of hire; and
 - (C) The time frame for completing TCM testing may be extended to the first six (6) months of hire, based on extenuating circumstances as identified by the TCM provider and agreed to by the RO.
- (6) Reimbursement, uniform cost report, and funding.
- (A) As specified in the Missouri State Plan under Title XIX of the Social Security Act, the initial uniform prospective rate for TCM will be based on the weighted average hourly cost of all providers as calculated from the provider's most recently available cost reports. The initial rate shall be based on cost reports for state fiscal year 2000 and shall be rebased at least once every ten (10) years. The uniform rate shall be trended forward annually by an inflation factor on July 1, except during years when the rate is rebased;
 - (B) DMH may utilize the services of an independent contractor to rebase TCM rates;
 - (C) The TCM provider shall submit to the department an annual Uniform Cost Report (UCR), using a format established by the division, documenting the TCM provider's actual costs incurred in the provision of services during a specific fiscal/business year. The TCM provider shall submit its UCR annually by April 30. Funding for TCM is dependent upon annual general revenue appropriations from the General Assembly, matched with federal funds at the current FMAP rate for Missouri;
 - (D) TCM providers are responsible for billing MO HealthNet or, at the option of the TCM provider, for billing DMH who will file the claim with MO HealthNet on behalf of the provider, for covered services provided to MO HealthNet eligible individuals;
 - (E) The allocation of funding is calculated each quarter based on caseloads, number of billable hours, percentage of Medicaid-eligible individuals, and the applicable FMAP; and
 - (F) TCM providers shall use funds generated by providing TCM services to support costs of providing TCM services.

*AUTHORITY: section 630.050, RSMo (1994).**

**Original authority: 630.050, RSMo 1980, amended 1993, 1995.*