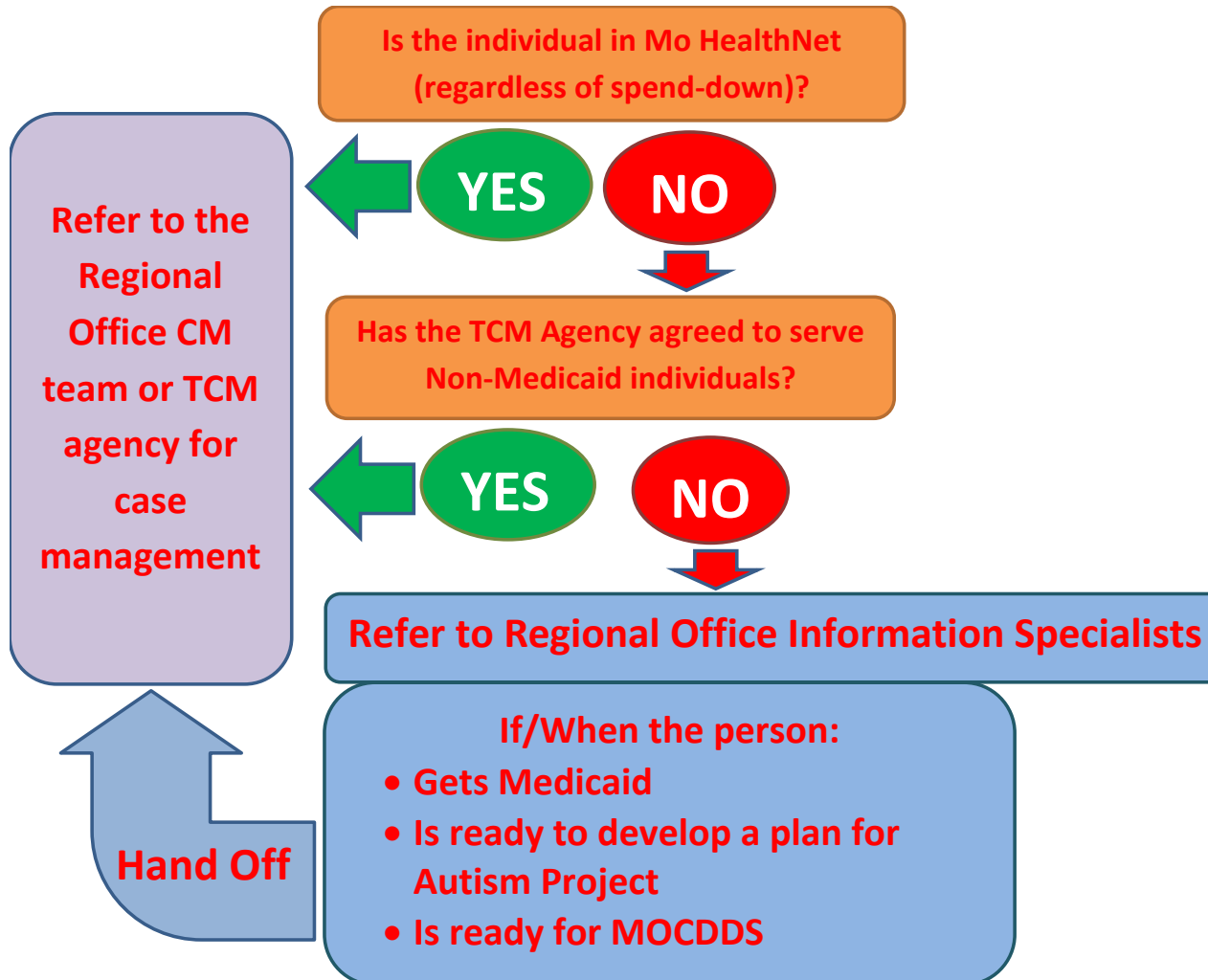Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

Redefining Case Management

Redefining Case Management

- **The Division of Developmental Disabilities and the agencies providing Support Coordination worked in partnership to lay out the details regarding how Case Management will serve individuals who are Medicaid eligible and what supports will be offered to individuals who are not Medicaid eligible.**

- **The redefining of case management covers the following areas:**
    - o   Individuals served and who is serving them
    - o   Support Coordination Qualifications
    - o   Intake
    - o   Planning
    - o   Monitoring
    - o   Billing Rate

Redefining Case Management

Is the individual in Mo HealthNet (regardless of spend-down)?

YES **NO**

Has the TCM Agency agreed to serve Non-Medicaid individuals?

YES **NO**

Refer to the Regional Office CM team or TCM agency for case management

Refer to Regional Office Information Specialists

If/When the person:
- **Gets Medicaid**
- **Is ready to develop a plan for Autism Project**
- **Is ready for MOCDDS**

Hand Off

Medicaid/Non-Medicaid Definition

- **<u>Medicaid Funded</u>**: An individual receiving services from the TCM entity which are paid by MOHealthnet.
  - o Includes individuals who have a large spenddown and may move in and out of services.

- **<u>Non -Medicaid Funded</u>**: An individual whose TCM services are not paid by MOHealthnet and has a history of not receiving any Medicaid funded services
  - o Includes individuals who have a large spenddown and never meet the spenddown.
  - o Includes individuals who are Medicaid eligible and residing in Title XIX nursing facilities.

Medicaid/Non-Medicaid

Population	Served by all TCM and Division SC's	Optionally Served by TCM's
I. Medicaid eligible in a Waiver (including MOCDD waiver)	X	
II. Those in State funded DD services, whether Medicaid eligible or not (Autism Project, Legacy POS)	X	
III. Medicaid eligible, not in a waiver or State funded DD service	X	
IV. Non Medicaid, not in State funded DD service		X

Example: Maria

- **23 years old, Cerebral Palsy, no Medicaid**

- **Lives in a county that does not provide CM to those without Medicaid.**

- **Found eligible for DD, Referred to Information Specialist (I/S)**

- **Receives information targeted to age, location and diagnosis**

- **6 months later, a periodic review of the Medicaid eligibility table shows MHN eligibility**

- **I/S contacts Maria and transfers case management to TCM agency.**

Example: Adam

- **13 years old, ASD, no Medicaid**

- **Lives in a county that does not provide CM to those without Medicaid.**

- **Found eligible for DD, Referred I/S**

- **Receives information targeted to age, location and diagnosis – including training re Autism Project**

- **Parents use contact information at the bottom of the Autism Project training to contact I/S**

- **I/S has a person-to-person contact, verifies that the family wants to pursue Autism Project, and transfers CM to TCM agency.**

Example: Sarah

- **10 years old, Intellectual Disability, no Medicaid**

- **Lives in a county that does not provide CM to those without Medicaid.**

- **Found eligible for DD, referred to I/S**

- **Receives information targeted to age, location and diagnosis – including training on MOCDDS waiver**

- **Parents use the contact information at the bottom of the MOCDDS training to contact I/S**

- **I/S has a person-to-person contact, verifies that the family understands and wants to pursue MOCDDS, and assists family through the process to obtain a MOCDDS waiver slot. The I/S hands off CM to TCM agency after obtainment of MOCDDS.**

Information Specialist

Information Specialist - Organization and System Benefit

Local Supervision by RO Assistant Director

State Management by Intake/Assessment Lead

System Benefit:

More actively promote Medicaid eligibility for those in DD.

System Benefit:

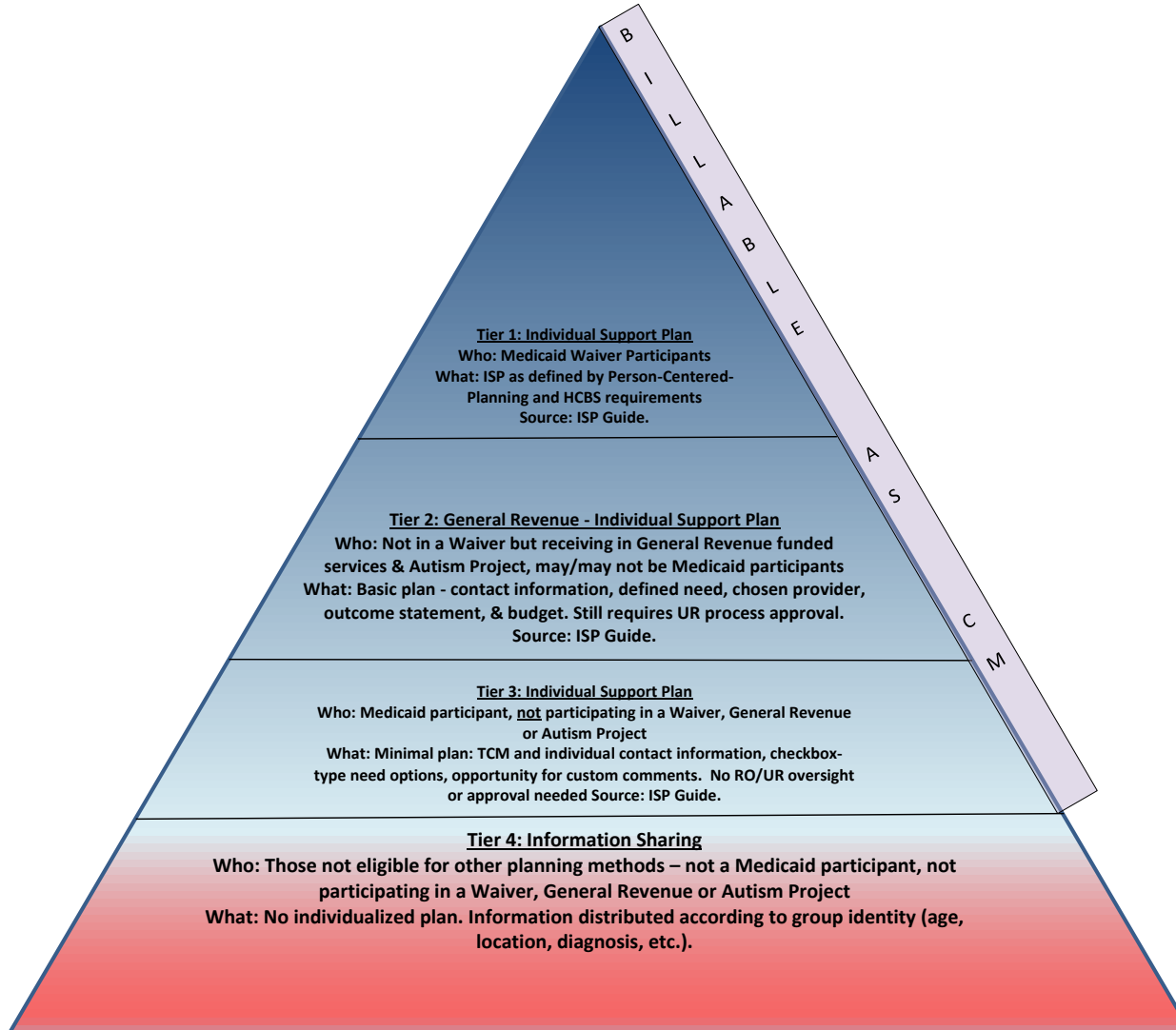Content development and sharing of relevant information based upon:

*Diagnosis

*Location

*Age

System Benefit:

Manage the transition between non-targeted case management (information sharing) and targeted case management.

*Autism Project

*MOCDDS

*Medicaid Eligible

Planning - TCM Billable

Tier 1: Individual Support Plan
Who: Medicaid Waiver Participants
What: ISP as defined by Person-Centered-
Planning and HCBS requirements
Source: ISP Guide.

Tier 2: General Revenue - Individual Support Plan
Who: Not in a Waiver but receiving in General Revenue funded
services & Autism Project, may/may not be Medicaid participants
What: Basic plan - contact information, defined need, chosen provider,
outcome statement, & budget. Still requires UR process approval.
Source: ISP Guide.

Tier 3: Individual Support Plan
Who: Medicaid participant, <u>not</u> participating in a Waiver, General Revenue
or Autism Project
What: Minimal plan: TCM and individual contact information, checkbox-
type need options, opportunity for custom comments. No RO/UR oversight
or approval needed Source: ISP Guide.

Tier 4: Information Sharing
Who: Those not eligible for other planning methods – not a Medicaid participant, not
participating in a Waiver, General Revenue or Autism Project
What: No individualized plan. Information distributed according to group identity (age,
location, diagnosis, etc.).

BILLABLE AS TCM

Planning - ISP Guide

- A requirement codes table was added to the ISP Guide to indicate whether subcategories apply to all, DD Funded, Waiver Only, or Residential Services Only.
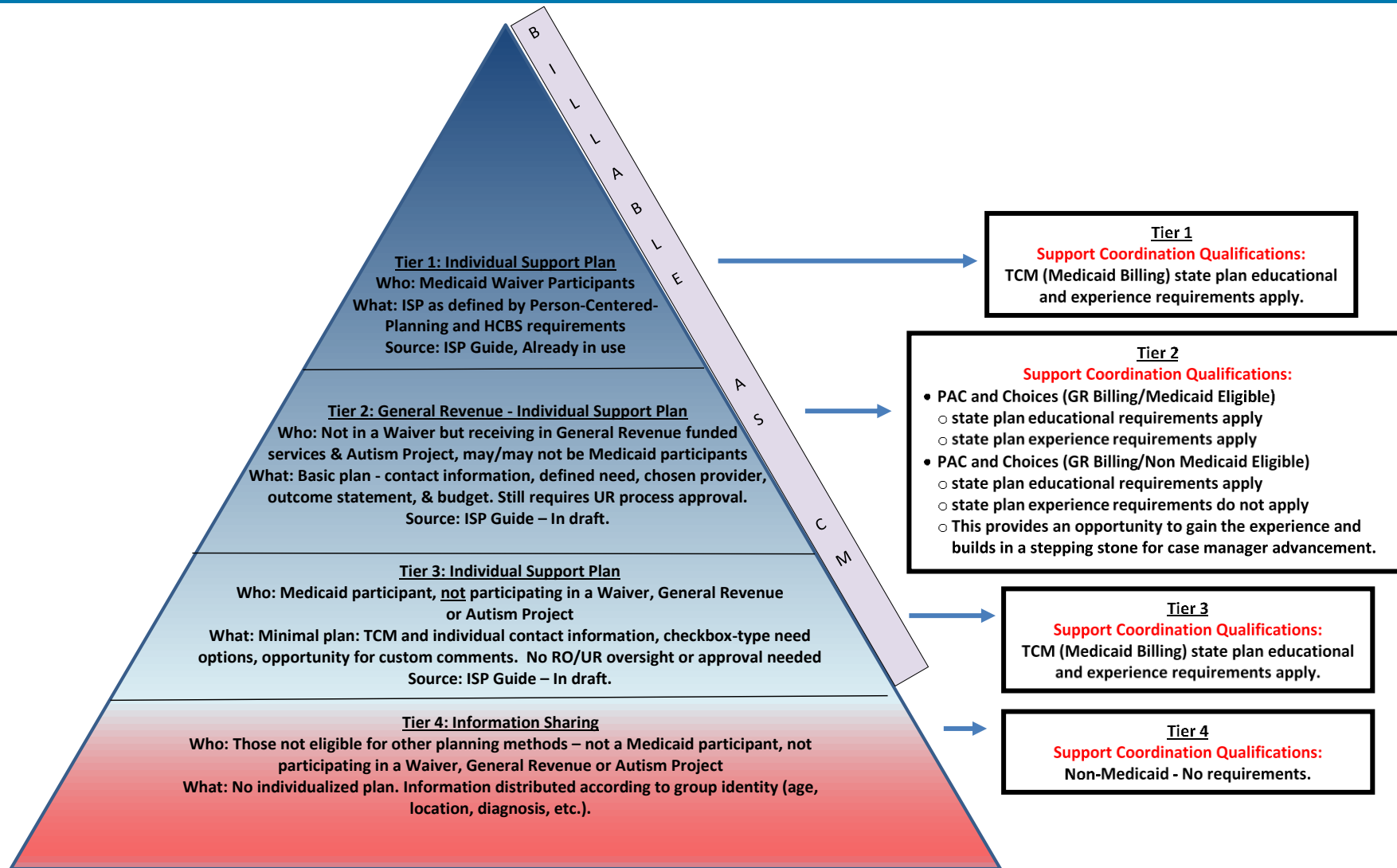
REQUIREMENT CODES	
A	All – TCM only, PAC/General Revenue, Waiver
F	DD Funded - PAC/General Revenue, Waiver
W	Waiver Only
R	Residential Services Only

Planning - ISP Guide

- The requirement codes have been added to each component within the tables located in the ISP Guide. Below is an example of how the requirement codes have been incorporated into the ISP Guide.

ISP REQUIREMENTS: PERSONAL INCOME	
Supports or 'Personal Outcomes' discovered during the assessment process as part of planning.	F - Contingent for DD funded services
Supports needed to maintain benefits	W - Mandatory for Waiver Only
Supports needed to manage funds • If the individual has a representative payee, provide relevant information. • If the individual serves as his/her own payee, what, if any, supports (either natural or paid) are needed to assist the individual?	W - Mandatory for waiver only
ISP must document: • That the individual's resources were considered when given options for residential room and board • What housing resources (e.g., vouchers and other rental assistance options) were explored • That individual was given the information necessary to make an informed choice regarding housing options	R - Mandatory for those receiving Residential Services Only
Information regarding how the individual wants to spend/save his/her excess funds after daily living expenses are paid. (i.e. dental insurance, burial plans, leisure activities, etc.).	R - Mandatory for Residential Services Only
If the individual lives in a residential setting, what is the monthly personal spending allowance? What support does the individual need to manage/access these funds?	R - Mandatory for Residential Services Only
Support needed in preparation of application for SSI	A - Contingent All School Transition Youth at age 17

Support Coordination - Qualifications

BILLABLE AS CM

Tier 1: Individual Support Plan
Who: Medicaid Waiver Participants
What: ISP as defined by Person-Centered-Planning and HCBS requirements
Source: ISP Guide, Already in use

Tier 2: General Revenue - Individual Support Plan
Who: Not in a Waiver but receiving in General Revenue funded services & Autism Project, may/may not be Medicaid participants
What: Basic plan - contact information, defined need, chosen provider, outcome statement, & budget. Still requires UR process approval.
Source: ISP Guide – In draft.

Tier 3: Individual Support Plan
Who: Medicaid participant, <u>not</u> participating in a Waiver, General Revenue or Autism Project
What: Minimal plan: TCM and individual contact information, checkbox-type need options, opportunity for custom comments. No RO/UR oversight or approval needed
Source: ISP Guide – In draft.

Tier 4: Information Sharing
Who: Those not eligible for other planning methods – not a Medicaid participant, not participating in a Waiver, General Revenue or Autism Project
What: No individualized plan. Information distributed according to group identity (age, location, diagnosis, etc.).

Tier 1
Support Coordination Qualifications:
TCM (Medicaid Billing) state plan educational and experience requirements apply.

Tier 2
Support Coordination Qualifications:
- PAC and Choices (GR Billing/Medicaid Eligible)
  - state plan educational requirements apply
  - state plan experience requirements apply
- PAC and Choices (GR Billing/Non Medicaid Eligible)
  - state plan educational requirements apply
  - state plan experience requirements do not apply
  - This provides an opportunity to gain the experience and builds in a stepping stone for case manager advancement.

Tier 3
Support Coordination Qualifications:
TCM (Medicaid Billing) state plan educational and experience requirements apply.

Tier 4
Support Coordination Qualifications:
Non-Medicaid - No requirements.

Counts by Category

Feb 1 Caseload		Total	Total	Private	State
Waiver		14,275	14,275	11,403	2,872
Medicaid		13,129			
	PAC/POS		2,800	1,940	860
	TCM Only		10,329	6,098	4,231
No Medicaid		8,612			
	PAC/POS		2,298	1,272	1,026
	TCM Only		6,356	2,725	3,631
			36,058	23,438	12,620

	Total	Private	State
		Private	State
Tier 1	14,275	11,403	2,872
Tier 2	5,098	3,212	1,886
Tier 3	10,329	6,098	4,231
Tier 4	6,356	2,725	3,631
	36,058	23,438	12,620

Monitoring and Documentation

Tier 1: Waiver – No Change

Tiers 2 & 3: PAC / POS/Choices - No
                        Change

Tier 4: Optional Case Management –
No Monitoring by DD

Informational Crosswalk

Individuals Served and Medicaid Status	Planning- ISP Content	Monitoring	Support Coordination Qualifications	TCM Billable Rate
Tier 1 - Waiver **Medicaid Eligible**	Person Centered Planning and HCBS requirements UR process required	No Change	State Plan educational and experience requirements apply	TCM Rate
Tier 2 – PAC/ POS **Medicaid Eligible**	Individual Support Plan with contact information, defined need, chosen provider, outcome statement and budget UR process required	No Change	State Plan education and experience requirements apply	TCM Rate
Tier 3 – TCM Services **Medicaid Eligible**	Individual Support Plan with contact information and resources as identified UR process not required	No change	State Plan educational and experience requirements apply	TCM Rate
Tier 2 – PAC/POS **Non-Medicaid Eligible**	Individual Support Plan with contact information, defined need, chosen provider, outcome statement and budget UR process required	No Change	State Plan educational requirements apply Experience not required	GR CM Rate
Tier 4 **Receiving No Services** **Non-Medicaid Eligible**	No requirements	No monitoring by DD	No requirements	No Rate

Medicaid eligible in relation to spend down

Serving the All

- The Division has the intent of serving all DD eligible individuals to provide something of benefit regardless of Medicaid or paid benefit status.

- Informational Website, List Serve, and Podcasts for general info and specific topics as identified.

- WebEx trainings for general info and specific topics as identified.

Activity Timeline

Nov-17		Dec-17	Jan-18		Feb-18	Mar-18	Apr-18	May 2018 and Jun 2018		Jul-18
Informational letter mailed 11/14/17 and 11/15/17	MACDDS to define Medicaid eligible/CM eligible by 11/22/17	TCM entities will notify Division regarding who they will serve by 12/15/17	Division will have written modified practices regarding redefining of support coordination by 1/12/18	2nd letter will go out by 1/26/18	Development of training for internal and external stakeholders throughout the month of February 2018	Presentation of training for internal and external stakeholders in March 2018	Transition Planning begins for all individuals who will not continue to receive CM services	Transition continues	All individuals who will not continue to receive CM services, will have transition planning completed by 6/30/18	New Process Begins