

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

CASE MANAGEMENT SERVICES

A. Target Group:

See page 3.

B. 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.

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.

D. Definition of Services:

See pages 3 and 4.

E. Qualification of Providers:

See pages 4 and 5 and 6.

TN No. 93-09
Supercedes
TN No. 93-09

Approval Date 11/22/93

Effective Date 7/1/93

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

TN No. 93-09
Supercedes
TN No. 93-09

Approval Date

11/22/93

Effective Date

7/1/93

HCFA ID: 1040P/0016P

The Commission on Health Care Finance (CHCF) and Commission on Mental Health Services (CMHS) have entered into an interagency agreement to provide case management services. The case management program shall be administered by the CMHS. CMHS personnel shall identify those clients having a chronic mental illness, are dependent on the public care system of the CMHS, and have been approved by the CMHS as being appropriate for out-placement.

A. Target Group

Medicaid eligible individuals who elect, or have a legally authorized representative elect on their behalf, to receive Mental Health Case Management Services, and who are:

1. Adults age 22-64 who were residing in a public health facility and were placed in supported residential facilities.
2. Persons aged 64 and over who currently reside in a public mental health facility.
3. Adults age 22-64 and persons aged 64 and over at risk of readmission to a public mental health facility.
4. Adults age 22-64 and persons aged 64 and over who are mentally ill and homeless.
5. Adults age 22-64 and persons aged 64 and over who have had at least three Emergency Room and/or Out-patient Department visits within the past six months, as the primary site for psychiatric interventions.
6. Adults age 22-64 and persons aged 64 and over with a diagnosis of chronic mental illness to include schizophrenia, major affective disorder or bipolar disease.

B. and C. No additional detail.

D. Definition of Services

Case management services assist eligible individuals in accessing the system for medical, mental, social, educational and other ancillary services. Case management services include:

TN No. 93-09
Supercedes
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11/22/93

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1. Developing a Service Plan that promotes consistent, coordinated and timely provision of services. The service plan shall be updated as deemed appropriate by the case manager but no less frequent than 180 days.
2. Coordinating services in accordance with the Service Plan with other providers and agencies involved with the individual.
3. Linking the individual to services specified in the Service Plan.
4. Monitoring and tailoring of services provided to ensure that the agreed upon services are rendered, adequate in quantity and quality, and meet the stated goals in the Service Plan.

For those individuals less than 22 years of age and over 64 years of age residing in institutions for mental diseases (IMDs), case management shall be limited to thirty (30) days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than two (2) pre-discharge periods in twelve (12) months. Case management services shall not be reimbursed if an otherwise eligible individual remains a resident of an IMD without being scheduled for discharge. Institution of mental disease is defined at Section 1905(j) of the Social Security Act.

E. Justification of Providers:

The providers of case management services for persons with chronic mental illness shall meet criteria. These criteria include:

1. The provider shall guarantee that the clients have access to emergency services on a 24-hour basis.
2. The provider shall demonstrate the capacity and ability to provide service to individuals in need of comprehensive services.

TN No. 93-09
Supersedes
TN No. 93-09

Approval Date

11/22/93

Effective Date

7/1/93

3. The provider shall demonstrate that it has both the administrative and financial management capabilities to meet the District of Columbia and Federal Government requirements.
4. The provider shall show the capability to document and maintain individual case records in accordance with the District of Columbia and Federal Government requirements.
5. The provider shall have formal written policies and procedures which specifically address the case management services for persons with mental illness. These policies and procedures shall be approved by the CMHS.
6. The provider shall be certified as a mental health management agency/provider by CMHS.
7. The provider shall show that he/she has, or will employ appropriate staff to provide case management services for individuals with mental illness. These case managers shall possess at least the following:
 - a. BA or BS in one of the behavioral sciences (social work, counseling, human growth and development) or its equivalent;
 - b. Educational and/or practice experience in the field of mental health;
 - c. Skills in interviewing techniques;
 - d. Skills in observing, recording and reporting on an individual's functioning;
 - e. Skills in using information from assessments, evaluations, observation and interviews to develop service plans; and
 - f. Skills in formulating, writing and implementing individualized service plans to promote goal attainment.

TN No. 93-09
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11/22/93

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The CMHS shall ensure that on the job training and course work will be provided to supplement the basic requirements of the case managers. The following minimum training is required:

1. Orientation to the CMHS and the case management function;
2. Interviewing skill training in regards to the chronically mentally ill;
3. Assessment - to determine the degree of client functioning, and to evaluate and implement the appropriate supports and/or services required;
4. Multicultural factors;
5. Basic psychopathology;
6. Psychopharmacology; and
7. Medical records training.

TN No. 93-09
Supercedes
TN No. ~~93-09~~

Approval Date

11/22/93

Effective Date

7/1/93