

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

A. Target Group:

Recipients with mental retardation as defined in the General Statutes of Connecticut, Section 1-1g and to recipients with mental retardation or conditions related to mental retardation as defined in subsection (e)(7)(ii) of Section 1919 of the Social Security Act. Recipients receiving case management services under a 1915(c) waiver will not receive targeted case management services. Targeted case management will not be available to recipients enrolled in the HUSKY A 1915(b) waiver or the Katie Beckett waiver.

For case management services provided to individuals in medical institutions:

- Target group includes individuals transitioning to a community setting and case-management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

B. Areas of state in which services will be provided:

- Entire State
- Only in the following geographic areas (authority of section 1915(g)(l) 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.

D. Definition of Services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

- Assessment of an individual to determine the need for any medical, educational, social or other services. These assessment activities include:
 - Taking client history;
 - Identifying the individual's needs and completing related documentation;

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STATE/TERRITORY: CONNECTICUT

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- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.
- Development of a specific care plan that:
 - Is based on the information collected through the assessment;
 - Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - Identifies a course of action to respond to the assessed needs of the eligible individual.
- Referral and related activities:
 - To help an eligible individual obtain needed services including activities that help link an individual with
 - Medical, social, educational providers or
 - Other programs and services that are capable of providing needed
 - Services, such as making referrals to providers for needed services and scheduling appointments for the individual.
- Monitoring and follow-up activities:
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - Services are being furnished in accordance with the individual's care plan;
 - Services in the care plan are adequate; and
 - If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.

Case management may include:

- Contact with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and

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do not duplicate activities provided as a part of institutional services and discharge planning activities.

E. Qualification of Providers:

The State of Connecticut's Department of Developmental Services (DDS) shall be the entity enrolled to provide services through the use of Connecticut's provider agreement which assures federal and state regulatory compliance.

Qualified case managers shall include those individuals authorized by DDS to render services to persons with mental retardation or related conditions who demonstrate expertise through experience, education or training in accordance with Connecticut's Department of State Personnel standards for classified or non-classified personnel.

Case manager must have considerable understanding of nature of clinical assessments; considerable knowledge of services available to persons with mental retardation; knowledge of residential programs for persons with mental retardation; knowledge of interdisciplinary approach to program planning; knowledge of mental retardation, causes and treatment; considerable skill in facilitating positive group process; oral and written communication skills; considerable ability to translate clinical findings and recommendations into program activities and develop realistic program objectives; ability to collect and analyze large amounts of information; familiarity with automated data systems.

Case manager must have six (6) years of General Experience in working with individuals with developmental disabilities involving participation in an interdisciplinary team process and the development, review and implementation of elements in a client's plan of service. Two (2) years of the General Experience must have involved responsibility for developing, implementing and evaluating individualized programs for individuals with developmental disabilities in the areas of behavior, education or rehabilitation.

Substitutions Allowed:

1. College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.
2. A Master's degree in Counseling, Psychology, Special Education or Vocational Rehabilitation may be substituted for one (1) additional year of the General Experience.
3. A Master's degree in Social Work may be substituted for the General and Special Experience.
4. Two (2) years as a Social Worker Trainee in the Department of Developmental Services may be substituted for the General and Special Experience.

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CASE MANAGEMENT SERVICES

5. For State employees one (1) year as a Social Worker with some experience working with individuals with developmental disabilities may be substituted for the General and Special Experience.
6. For State employees two (2) years as a Supervising Developmental Services Worker 1, Supervising Developmental Services Worker 2, Developmental Services Supported Living Worker or Developmental Services Adult Services Instructor may be substituted for the Special Experience.

F. Freedom of Choice Exception:

- Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or chronic mental illness receive needed services.

G. Access to Services:

The State assures that:

1. Case management services will be provided in a manner consistent with the best interest of recipients and will not be used to restrict an individual's access to other services under the plan;
2. Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services;
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State assures that:

1. The amount, duration, and scope of the case management activities would be documented in an individual's plan of care which includes case management activities prior to and post-discharge, to facilitate a successful transition to the community.
2. Case management is only provided by and reimbursed to community case management providers.

H. Limitations:

Case Management does not include the following:

1. Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act;

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2. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
3. Activities integral to the administration of foster care programs;
4. Activities for which third parties are liable to pay, except for the case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

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