

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

CASE MANAGEMENT SERVICES

A. Target Group:

Mandatory and optional groups covered as aged, blind, or disabled under Nebraska's Medicaid state plan (with the exception of persons covered in Nebraska's approved case management amendment for persons with mental retardation).

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:

Case management services are defined as –

1. Assessment of individual needs level and requirement for supports and services;
2. Development of individual support and service goals; and
3. Coordination of personal, agency, non-agency, and professional resources to develop and attain individual support and service goals and access needed medical, social, habilitation, education, employment, housing and other services.

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CASE MANAGEMENT SERVICES

Case management activities designed to assist Medicaid-eligible clients include the following:

1. Client assessment
 - a. Receive referrals or client request for case management services.
 - b. Conduct information gathering and assessment interviews.
 - c. Conduct an assessment to determine client's needs for individual support and services.
 - d. Arrange for additional specialized needs assessment as required to provide a full assessment of clients' needs for individual support and services.
2. Service Planning
 - a. Together with the client or his/her representative develop a plan which includes types of services to be provided to meet the client's needs, resources selected to provide the services, frequency and duration of service provision, etc.
 - b. Arrange for support and services identified in the plan, consistent with Section 1902(a)(23) of the Social Security Act.
 - c. Contact, coordinate, and confirm the client's service provision with providers of service.
 - d. Provide follow-up, ongoing monitoring of service delivery, and periodic reviews to assess suitability of client's plan.
3. Accessing Resources
 - a. Determine appropriate resources to meet the client's needs
 - b. Assist clients in applying for appropriate programs within the Department of Social Services (e.g., Low Income Energy Assistance Program, Child Support, Food Stamps) and outside of the Department (e.g., community action, housing authority, legal aid, public health nurses, social security administration, veterans administration, vocational rehabilitation). This may include assisting the client to make an appointment or arranging transportation to the resources.

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- c. Coordinate services from all available sources to insure that client needs are met
 - d. Assist clients in locating appropriate living arrangements, based upon the philosophy of least restrictive services.
 - e. Assist client to arrange for and receive appropriate medical care and counseling.
 - f. Assist clients to locate appropriate employment or training.
4. Resource Recruitment
- a. Recruit or locate service providers that would be consistent with the client's plan and consistent with Section 1902(a)(23) of the Social Security Act.

Conditions of Provision

1. The following conditions must be met in order for case management service to be provided:
 - a. The client/guardian must freely accept case management services.
 - b. The client and case manager must work together to achieve a plan.
 - c. The client must not reside in an institutional setting.
2. The following conditions must be met in order for case management services to be reimbursed under Medicaid:
 - a. The case manager must conduct a face-to-face interview with the client in order to determine client needs and develop approaches to meet the needs.
 - b. The case manager with the client or client's representative, must develop a plan which is documented in the case record.
 - c. The case manager must reevaluate the plan when necessary but at that minimum annually.

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- d. The case manager must provide narrative documentation to supplement the plan which includes:
- (1) Information supporting the approaches selected;
 - (2) Information supporting case management decisions and action;
 - (3) Documentation of communication with the client;
 - (4) Documentation of referrals to resources; and
 - (5) Other factual information relevant to the case.

E. Qualification of Providers:

Because of the nature of the services for which coordination is to be provided, the provider agency must have a written referral agreement with Nebraska Title XX agency.

Case management services will be provided by or under the supervision of a person with at least three years of experience in case management.

Qualifications

Case Manager

Knowledge of : Principles and practices of social work; theories and strategies of provider services to persons with special needs; public and private medical, social, educational, and other resources available in the community; agency philosophy, procedures, and programs; techniques of interviewing to obtain necessary information; and regulations and standards pertaining to service delivery.

Ability to: Interact with clients from a variety of socio-economic and cultural backgrounds and clients with functional limitations caused by physical or mental disabilities or advanced age; work well with people and exercise good judgment in evaluating situations and making decisions; assess client needs; translate needs assessment into individual client plan to provide proper services; develop working relationships with other individuals, groups, and agency representatives; communicate both orally and in writing; mobilize resources to meet client needs.

Education/Experience

Each case manager must have experience in a human services field where the required knowledge, skills, and abilities have been successfully applied.

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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 payments made to public agencies or private entities under other program authorities for this same purpose.

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A. Target Group:

Mandatory and optional groups covered as AFDC-related in Nebraska's Medicaid state plan.

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:

Case management services are defined as –

1. Assessment of individual needs level and requirement for supports and services;
2. Development of individual support and service goals; and
3. Coordination of personal, agency, non-agency, and professional resources to develop and attain individual support and service goals and access needed medical, social, habilitation, education, employment, housing, and other services.

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Case management activities designed to assist Medicaid-eligible clients include the following:

1. Client assessment
 - a. Receive referrals or client requests for case management services.
 - b. Conduct information gathering and assessment interviews.
 - c. Conduct an assessment to determine client's needs for individual support and services.
 - d. Arrange for additional specialized needs assessment as required to provide a full assessment of clients' needs for individual support and services.

2. Service Planning
 - a. Together with the client or his/her representative develop a plan which includes types of services to be provided to meet the client's needs, resources selected to provide the services, frequency and duration of service provision, etc.
 - b. Arrange for support and services identified in the plan, consistent with Section 1902(a)(23) of the Social Security Act.
 - c. Contact, coordinate, and confirm the client's service provision with providers of service.
 - d. Provide follow-up, ongoing monitoring of service delivery, and periodic reviews to assess suitability of client's plan.

3. Accessing Resources
 - a. Determine appropriate resources to meet the client's needs.
 - b. Assist clients in applying for appropriate programs within the Department of Social Services (e.g., Low Income Energy Assistance Program, Child Support, Food Stamps) and outside of the Department (e.g., community action, housing authority, legal aid, public health nurses, social security administration, veterans administration, vocational rehabilitation). This may include assisting the client to make an appointment or arranging transportation to the resource.

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- c. Coordinate services from all available sources to insure that client needs are met.
 - d. Assist clients in locating appropriate living arrangements, based upon the philosophy of least restrictive services.
 - e. Assist client to arrange for and receive appropriate medical care and counseling.
 - f. Assist clients to locate appropriate employment or training.
4. Resource Recruitment
- a. Recruit or locate service providers that would be consistent with the client's plan and consistent with Section 1902(a)(23) of the Social Security Act.

Conditions of Provision

1. The following conditions must be met in order for case management services to be provided:
 - a. The client/guardian must freely accept case management services.
 - b. The client and case manager must work together to achieve a plan.
 - c. The client must not reside in an institutional setting.
2. The following conditions must be met in order for case management services to be reimbursed under Medicaid:
 - a. The case manager must conduct a face-to-face interview with the client in order to determine client needs and develop approaches to meet these needs.
 - b. The case manager with the client or client's representative, must develop a plan which is documented in the case record.
 - c. The case manager must reevaluate the plan when necessary but at a minimum annually.

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- d. The case manager must provide narrative documentation to supplement the plan which includes:
- (1) Information supporting the approaches selected;
 - (2) Information supporting case management decisions and actions;
 - (3) Documentation of communication with the client;
 - (4) Documentation of referrals to resources; and
 - (5) Other factual information relevant to the case.

E. Qualification of Providers:

Because of the nature of the services for which coordination is to be provided, the provider agency must have a written referral agreement with Nebraska's Title XX agency.

Case management services will be provided by or under the supervision of a person with at least three years of experience in case management.

Qualifications

Case Manager

Knowledge of: Principles and practices of social work; theories and strategies of providing services to persons with special needs; public and private medical, social, education, and other resources available in the community; agency philosophy, procedures, and programs; techniques of interviewing to obtain necessary information; and regulations and standards pertaining to service delivery.

Ability to: Interact with clients from a variety of socio-economic and cultural backgrounds and clients with functional limitations caused by physical or mental disabilities or advanced age; work well with people and exercise good judgment in evaluating situations and making decisions; assess client needs; translate needs assessment into individual client plan to provide proper services; develop working relationships with other individuals, groups, and agency representatives; communicate both orally and in writing; and mobilize resources to meet client needs.

Education/Experience

Each case manager must have experience in a human services field where the required knowledge, skills, and abilities have been successfully applied.

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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 payments made to public agencies or private entities under other program authorities for this same purpose.

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CASE MANAGEMENT SERVICES

A. Target Groups

Persons with developmental disabilities. Developmental disabilities being mental retardation or related conditions, other than mental illness. Eligible individuals must not be residing in institutions or receiving services under Medicaid waivers other than the Nebraska home and community-based waiver for persons with mental retardation or related conditions or the waiver for children with mental retardation and their families.

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:

Case management services are defined as -

1. Assessment (or arrangement for assessment) of individual or family needs level and requirement for supports and services;
2. Development of individual and family support and service goals; and
3. Coordination of personal, agency, non-agency, and professional resources to develop and attain individual support and service goals and access needed medical, social, habilitation, education, employment, housing, and other services.

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CASE MANAGEMENT SERVICES

Case management activities designed to assist Medicaid-eligible clients include the following.

1. Client Assessment

- a. Receive referrals or client requests for case management services.
- b. Conduct information gathering and assessment interviews.
- c. Conduct an assessment to determine client's and, as appropriate, family's needs for support and services.
- d. Arrange for additional needs assessment as required to provide a full assessment of client's, and, as appropriate, family's needs for support and services.

2. Service Planning

- a. Together with the client or his/her representative, the client's family as appropriate, and members of an interdisciplinary team, composed of workers from various disciplines or fields as well as the client as a team member, develop a plan which includes types of services to be provided to achieve the client's goals, resources selected to provide service, frequency and duration of service provision, etc.
- b. Arrange for support and services identified in the plan.
- c. Contact, coordinate, and confirm the client's service provision with providers of service.
- d. Provide follow-up, ongoing monitoring of service delivery, and periodic reviews to assess suitability of client's plan.

3. Accessing Resources

- a. Determine appropriate resources to meet the client's needs.
- b. Assist clients in applying for appropriate programs within the Department of Health and Human Services System (HHS) (e.g., Low Income Energy Assistance Program, Child Support, Food Stamps) and outside of Health and Human Services (e.g., community action, housing authority, legal aid, public health nurses, Social Security Administration, Veterans Administration, vocational rehabilitation). This may include assisting the client to make an appointment and to gather the information required for program application, arranging transportation to the resource or accompanying the client.

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- c. Coordinate services from all available sources to ensure that client needs are met.
- d. Assist clients in locating appropriate living arrangements, based upon the philosophy of most appropriate services.
- e. Assist clients to arrange for and receive appropriate medical care and counseling.
- f. Assist clients to locate appropriate employment or training.

4. Resource Recruitment

- a. Recruit or locate service providers that would be consistent with the client's plan and consistent with Section 1902(a)(23) of the Social Security Act.

Conditions of Provisions

- 1. The following conditions must be met in order for case management services to be provided:
 - a. The client, the client's family as appropriate, the client's legal representative, and case manager must work together to achieve a plan.
 - b. The client must not reside in an institutional setting.
- 2. The following conditions must be met in order for case management services to be reimbursed under Medicaid:
 - a. The case manager must conduct a face-to-face interview with the client in order to determine client needs and develop approaches to meet these needs.
 - b. The case manager with an interdisciplinary team including the client or client's representative, must develop a plan which is documented in the case record.
 - c. The case manager must reevaluate the plan when necessary but at a minimum annually.

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d. The case manager must provide documentation to supplement the plan which includes:

- (1) Information supporting goal selection;
- (2) Information supporting short term objectives;
- (3) Information supporting the approaches selected;
- (4) Information supporting case management decisions and actions;
- (5) Documentation of communication with the client;
- (6) Documentation of referrals to resources; and
- (7) Other factual information relevant to the case.

Unit of Service

A unit of case management services is a month.

E. Qualifications of Providers:

In order to ensure that the case managers for persons with developmental disabilities are capable of ensuring that such persons receive needed services, providers will be limited to the Health and Human Services Developmental Disabilities Service Coordinators.

Case Manager

Knowledge of: the policies and practices of the agency which relate to habilitation services delivery; the goals, objectives, and philosophy of the agency; the legal system and laws pertaining to persons with disabilities; knowledge of medications; the theories and strategies of providing habilitation services to persons with mental retardation or related conditions.

Ability to: evaluate client needs by scheduling, chairing and serving as team member for the plan development meetings with all involved persons to plan for implementation and coordination of necessary services and supports; serve as liaison between all persons involved with the client to coordinate services and promote cooperation; and monitor services received by the client to insure the implementation of the plan.

Job Preparation Guidelines: (Entry knowledge's, abilities, and/or skills may be acquired through, but are not limited to the following coursework/training and/or experience.) Post-high school coursework in education, psychology, social work, sociology, or related field plus one year current experience within a specialized, developmental disabilities service system in delivery of habilitation or developmental disabilities service coordination OR bachelor's degree in education, psychology, social work, sociology, or a related field.

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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 payments made to public agencies or private entities under other program authorities for this same purpose.

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TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
The target group consists of pregnant individuals who have been determined by their prenatal health care provider to be at high risk of having negative maternal or infant health outcomes. TCM services are available to the individual throughout the duration of their pregnancy.

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- ___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, 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; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - A comprehensive assessment is conducted initially, and the care coordinator periodically assesses, at minimum once a month, the mother's needs throughout the pregnancy.
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

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**TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program**

- 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;

At a minimum, care plans must be comprehensive, individualized and reflect the beneficiary's preferences.

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring and follow-up activities shall occur at least monthly, and more often as needed to ensure the individual's needs are met. Monitoring and follow-up activities include in-person encounters, telephone, or via audiovisual telehealth.

x Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

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TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

Targeted Case Management can be provided by Care Coordinators who are employed by a Physician, Physician Assistant (PA), Nurse Practitioner (NP), or Certified Nurse-Midwife (CNM).

A designated Care Coordinator (CC) will provide TCM to the PPP patient and must have one of the following licenses/certifications:

- Licensed Practical Nurse (LPN)
- Registered Nurse (RN)
- Clinical Medical Assistant (CMA)
- Licensed Clinical Social Worker (LCSW)
- Certified Health Coach (CHC)

The Care Coordinator

- Is employed by the provider/clinic
- Can provide patient encounters in-person, by audiovisual telehealth, or via telephone
- Can connect with the patient as many times as needed each month

If a beneficiary wanted to change case managers, they would not have to change their practitioner.

Freedom of choice (42 CFR 441.18(a)(1)):

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 individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

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

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

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TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

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- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

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

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))