

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 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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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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