

	<b>DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health</b>
<b>SUBJECT:</b>	Targeted Case Management
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<b>REFERENCES:</b>	Department of Health and Human Services, Centers for Medicare and Medicaid Services 42 CFR Parts 431, 440, and 441; State of Nevada Division of Health Care Financing and Policy Medicaid Services Manual Chapter 2500; State of Nevada Division of Health Care Financing and Policy Medicaid Services Manual Chapter 400
<b>ATTACHMENTS:</b>	Attachment A Freedom of Choice Form, For Medical Eligible Children Attachment B Freedom of Choice Form, For Children Not Medicaid Eligible

**I. POLICY**

It is the policy of the Division of Child and Family Services, Children's Mental Health Services to provide targeted case management services to eligible children and adolescents on a one-to-one basis through a single case manager.

**II. PURPOSE**

This policy is to ensure that all children who are eligible for and choose to receive targeted case management services are matched with a targeted case manager who can provide these services.

**III. DEFINITIONS FOR MENTAL HEALTH**

As used in this document, the following definitions shall apply:

Assessment: Activity to determine service needs, including activities that focus on needs identification, to determine the need for any medical, educational, social, or other services. Includes: Taking client history, identifying the needs of the individual and completing related documentation, 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. Must include:

1. A comprehensive identification of the individual's strengths and preferences, and consider the individual's physical and social environment.
2. Periodic reassessment to determine whether an individual's needs and/or preferences have changed.

Care Coordination Plan: A written individualized plan developed jointly in a Child & Family Team that specifies the goals, objectives and actions to address the medical, social, educational, and other services needed by the individual, including activities such as ensuring the active participation of the individual and working with the individual (or the authorized health care decision maker) and others to develop the goals and identify a course of action to respond to the assessed needs.

Case Management Services: Services that will assist eligible individuals in gaining access to needed medical, social, educational, and other services. The intent is to assist the individual in gaining access to needed services, consistent with the requirements of the law and Centers for Medicare and Medicaid Services regulations.

1. Case Management includes: Assessment, Development of a Specific Care Plan, Referral and Related Activities, Monitoring and Follow Up activities, and Transition from Mental Health Institution Activities.
2. Case Management does not include the direct delivery of underlying medical, educational, social, or other services to which an individual has been referred.

Client: Pursuant to NRS 433B.050 client means a child who seeks, on his own or another's initiative, and can benefit from care and treatment provided by DCFS.

Diagnostic Classification 0-3 (DC 0-3): The determination of a mental or emotional disorder for a child birth through 48 months of age as described in the latest text version of the Manual for Diagnostic Classification: 0-3 published by the National Center for Clinical Infant Programs. The principal Axis I diagnosis or the Axis II PIR-GAS score of 40 or less provides the clinical basis for treatment and must be reassessed every 6 months for children under age 4. the DC: 0-3 diagnosis may be used in place of the DSM Axis I Diagnosis to determine eligibility for and provide mental health serves to recipients under 4 years of age.

Diagnostic and Statistical Manual of Mental Disorders (DSM) Diagnosis: The determination of a recipient's mental or emotional disorders described in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association. The principal Axis I diagnosis provides the clinical basis for treatment and must be reassessed annually for recipients under age 18. It is determined through the mental health assessment and any examinations, tests, procedures, or consultations suggested by the assessment, and is entered on a written individualized Treatment Plan. A DSM "V" code condition except 995.54 (Physical Abuse of Child – Victim), 995.53 (Sexual Abuse of Child – Victim), and 995.54 (Neglect of Child – Victim), substance use or mental retardation may not be considered the principal diagnosis, although these conditions or disorders may co-occur with the diagnosable mental disorder.

Freedom of Choice: Individuals' rights to choose freely among those individuals or entities that the State has found qualified and eligible to provide targeted case management services in

a community setting. An individual has the right to decline services in the care coordination plan.

Monitoring and Follow-Up Activities: Activities and contact that are necessary to ensure that the care coordination plan is effectively implemented and adequately addresses the needs of the individual. Activities may be with the individual, family members, providers, or other entities or individuals. They may be conducted as frequently as necessary to determine:

1. Services are being furnished in accordance with the individual's care coordination plan.
2. Services in the care coordination plan are adequate to meet the needs of the individual.
3. There are changes in the needs or status of the individual activities includes making necessary adjustments in the care coordination plan and service arrangements with providers.

Person Centered/Wraparound Approach: Process used to develop, implement, and manage a care coordination plan that attempts to fulfill the objectives and personal preferences of the individual or the legal representative of that individual. Focuses on the person rather than the system; directly involves the person and their family or chosen representatives, in the plan development, all aspects of the implementation and management; and is tailored to meet individualized needs. The individual participates throughout all components of case management and direct who else may participate in the care coordination plan development process along with the case manager.

Referral Activities: Activities to help an individual obtain needed services, including activities that help link individuals with medical, social, educational providers or other programs and services to address identified needs and achieve goals specified in the care coordination plan. The activity is completed once the referral and linkage has been made. Services do NOT include:

1. Providing transportation to the service to which the individual is referred, escorting the individual to the service, or providing child care so that an individual may access the service.
2. Direct services, program or activity to which the individual is linked.

Severe Emotional Disturbance (SED):

1. Persons from birth through 48 months who currently or at anytime during the past year (continuous 12-month period) have a:
  - a. DC: 0-3 Axis I diagnostic category in place of a DSM Axis I diagnostic category; or
  - b. DC: 0-3 Axis II PIR\_GAS score of 40 or less (the label for PIR-GAS score of 40 is "disturbed"); or
2. Person from 4 to age 18 who currently or at anytime during the past year (continuous 12 month period) have a:
  - a. Diagnosable mental or behavioral disorder or diagnostic criteria that meets the coding and definition criteria specified in the DSM (excluding substance abuse or addictive disorders, irreversible dementias, mental retardation, developmental disorder, and V codes, unless they co-occur with a serious mental disorder that meets DSM criteria); and have a:

- b. Functional impairment which substantially interferes with or limits the child from achieving or maintaining one or more developmentally appropriate social, behavior, cognitive, communicative or adaptive skill. Functional impairments of episodic, recurrent, and persistent features are included, however, may vary in term of severity and disabling effects unless they are temporary and expected response to stressful events in the environment. Children who would have met functional impairment criteria during the referenced year without the benefits of treatment or other support services are included in this definition.
3. SED determination are made by a Qualified Mental Health Professional within the scope of their practice expertise.

Single Medicaid Case Management Provider: The person determined responsible to provide case management services when an individual could be served under more than one targeted case management plan because he/she falls within the scope of more than one target group. This person is responsible to coordinate with service providers in both/all systems.

Targeted Case Management Services: Case management services furnished to particular defined target groups or in any defined locations without regard to requirements related to statewide provision of services or comparability. The DCFS target group includes children and adolescents with a determination of a severe emotional disturbance.

Transitional Case Management Services: Services for individuals who resided in an inpatient psychiatric facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation of Service for Families and children, the Commission on Accreditation of Rehabilitation Facilities, or by any other accrediting organization with comparable standards, that is approved by the State. Individuals may be considered to be transitioning to the community during the last 60 consecutive days of a covered, long-term, institutional stay that is 180 consecutive days or longer in duration. For a covered, short-term institutional stay of less than 180 consecutive days, individuals may be considered to be transitioning to the community during the last 14 days before discharge. These services are not payable until the date that an individual leaves the institution, is enrolled with the community case management provider, and receiving medically necessary services in a community setting.

1. Exclusions: Does not include services for any individual who is an inmate of a public institution. An individual is considered to be living in secure custody if serving time for a criminal offense in, or confined involuntarily to, State or Federal prison, local jails, detention facilities, or other penal facilities.
2. Inclusions: Services could be reimbursed on behalf of eligible individuals paroled, on probation, on home release, in foster care, in a group home, or other community placement not part of the public institution.

Institutional facilities include acute psychiatric units and residential treatment center units (RTC).

#### **IV. PROCEDURES:**

- A. Targeted case management services will be provided using a person centered/ wraparound approach to youth and families with a determination of severe emotional disturbance. Services will be provided using the following conditions:

1. Individuals will be allowed free choice of any qualified Medicaid provider within the specific geographic area.
  2. Case Management Services will not be used to restrict an individual's access to other services.
  3. DCFS will not compel an individual to receive case management services, or condition receipt of case management services on the receipt of other services.
  4. DCFS will match individuals to services to ensure that a conflict of interest does not exist for making self-referrals if the case manager also provides other services.
- B. All eligible children requesting targeted case management services will be screened by the Children's Mental Health Intake Coordinator and matched with a targeted case manager.
1. Children must meet the criteria for and have received a severe emotional disturbance (SED) determination. The clinical assessment should accompany the SED determination.
  2. Families will complete a targeted case management Freedom of Choice form which indicates their choice of case managers. This will be presented and explained to the family by the individual making the recommendation for targeted case management. (See attached Freedom of Choice form).
- C. The targeted case manager will provide the following services (see definitions for descriptions of services):
1. Comprehensive case management assessment and reassessment
  2. Care coordination plan
  3. Referral and linking to services
  4. Monitoring and follow up
  5. Transitional case management (See DCFS policy titled *Transitional Targeted Case Management*)
- D. DCFS targeted case management services will be delivered according to existing Federal Policy which prohibits the direct delivery of a service funded by other Federal programs. The following services are prohibited as DCFS targeted case management services:
1. Child Welfare/Child Protective Services to include investigation of allegations of abuse or neglect, identification of risk factors, provision of services to children and families in their own homes, monitoring of at-risk children, placement of children into foster care or adoptive homes, and evaluation of interventions. It also includes development and oversight of a service plan for the child and family with the goal of moving the child toward permanence either through family reunification, adoption, or other permanent living arrangements to include court appearances related to foster care.
  2. The supervision, counseling, and oversight of parole and probation goals and conditions imposed by the courts due to criminal activities.
  3. The development, review, and implementation and other administrative activities of an individualized education plan or an individualized family service plan funded under the Individuals with Disabilities Act (IDEA).

4. The administrative activities to authorize the provision of services to include activities such as prior authorizations or determination of medical necessity.
5. Youth receiving child welfare, parole/probation, guardianship, IDEA services may be eligible to receive DCFS Targeted Case Management Services if they meet the SED determination criteria.