Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services

Case Management for Persons with Developmental Disabilities

December 09, 2009

Tara Larson, Chief Clinical Operating Officer, DMA

Eligible Population

- Children birth to 3 who are at risk for, or have been diagnosed with developmental disability (Early Intervention, CAP-MR/DD or DD),
- Children birth to 5 who have a diagnosed developmental delay (Child Service Coordination or DD or CAP-MR/DD),
- Adults and children 5 years of age and older who have (DD or CAP-MR/DD):
  - A diagnosed developmental disability manifested prior to the age of 22; OR
  - Diagnosed with mental retardation; OR
  - A mental or physical impairments similar to developmental disabilities as the result of a traumatic brain injury.

Number of Recipients

- CHILDREN (ages 0-20):
  - CAP-MR/DD Waiver - 4,409
  - Non-waiver – 4,136
  - Total 8,545

- ADULTS (ages 21+)
  - CAP-MR/DD Waiver – 6,017
  - Non-waiver - 5,226
  - Total 11,243

LMEs

- In the past, LMEs did provide DD case management services. The case management was a combination of administrative and direct services.
- Today, LMEs have all divested themselves and no longer provide case management. Direct service Case Management is contracted to private providers.
- There are no plans to limit the number of providers of TCM for persons with DD.

Provider Qualifications

- Since the LMEs are all divested, the only providers are private providers who were subcontracted through the LME. Provider agencies will direct enroll with Medicaid once the SPA is approved.
- By 7/1/2010, private providers must be endorsed by the LME (this is the old SPA).
  - Each provider must ensure that each case manager has 20 hours of training relating to case management functions within the first 90 days of hire.
  - In addition, case management agencies will need to meet the endorsement criteria which includes core rules and service specific requirements.

Provider Restriction

- Providers cannot provide other services and TCM to the same recipient.

Number of Agencies

- Since the providers are subcontracting with the LMEs, the LME is billing for them.
- Therefore, there is no automated way to accurately identify the number of private providers.
- Approximately – there are 355

Service Definition

- A new service definition has NOT been submitted to CMS yet. CMS has instructed the State that a new definition will not be processed until the earlier SPA is approved
- A CM workgroup has been created to work on developing the revised definition. The definition will be the federal definition. The State will provide details about limitations, provider qualifications for both the agency and staff, outcomes to be accomplished and other state specific details.
- This work is not complete.
- The plan is for everyone to have a medical home, through CCNC. The process for communication and roles/responsibilities continue to be worked.

Unit Limits

- As part of the short term goals of the CM Steering Committee, there are plans to reduce the unit limits.
- This reduction would include DD.
- Before this takes effect, recipients will receive a 30 day notice and providers will be notified via the Medicaid bulletin and the Implementation Updates. Any current authorization will be allowed to “run through the authorization period” before changes occur.
- As part of the long term goals of the CM Steering Committee, there are plans to establish a case rate. However this must have CMS approval.

Rate Reductions

- Effective 1/1/09, the rate for TCM was reduced from $22.00/15 minute unit to $18.75 per 15 minute unit.
  - This was made to adjust a rate that was originally established in 2005 and based on LME provider costs. DMA worked with providers to obtain actual cost of providing this service. Following a complete review of costs and collaboration with providers, the new rate was agreed to reflect the average cost of providing TCM services. No responsibilities were reduced. This change was made to match the rate with the cost of providing the service.
- Effective 10/1/09, rates were reduced to $17.67 consistent with the legislatively approved budget.

TCM Provider Fees

- The only additional fees are the enrollment fees included in the legislatively approved budget.
- These fees apply to all NEW providers enrolling in Medicaid or at the next renewal.
- All providers currently being re-credentialed are exempted from the fee for this one time.