



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JUN 23 2010

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 09-022

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of State Plan Amendment (SPA) Transmittal Number 09-022. This amendment revises the eligibility criteria for infants and parent(s) who qualify for First Steps Infant Case Management Services.

This SPA is approved effective July 1, 2009, as requested by the State, however, during the review of SPA 09-022, CMS performed a same page analysis of the reimbursement for Targeted Case Management (TCM) for Clients Manifesting Pathology with Human Immunodeficiency Virus (HIV), Infant Case Management, and recipients under age 21. This analysis revealed issues that will require additional information and/or possible revision through a corrective action plan. Under separate cover, CMS will release a letter detailing those issues, and providing guidance on time frames for correction.

The CMS appreciate the significant amount of work that your staff dedicated to getting this SPA approved, and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me, or have your staff contact Lydia Skeen at (206) 615-2339 or Lydia.Skeen@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly
Acting Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 09-022	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2009	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

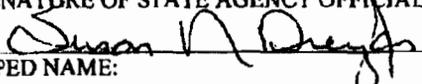
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2010 (\$594,240) b. FFY 2011 (\$544,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1-C to Attachment 3.1-A pages 1, 2, 3, 4, 6 (P&I) Attachment 4.19-B, pages 28, 28a, 28b (P&I) Supplement 1-B to Attachment 3.1-A (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1-C to Attachment 3.1-A pages 1, 2, 3, 4, and page 5 to be removed Attachment 4.19-B, page 28 (P&I) Supplement 1-B to Attachment 3.1-A (P&I)

10. SUBJECT OF AMENDMENT:

First Steps Infant Case Management

11. GOVERNOR'S REVIEW (Check One):

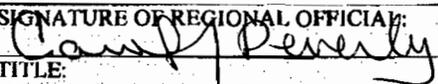
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Ann Myers Department of Social and Health Services Health and Recovery Services Administration POB 5504 Olympia, WA 98504-5504 (MS: 45504)
13. TYPED NAME: Susan N. Dreyfus	
14. TITLE: Secretary	
15. DATE SUBMITTED: Aug 27, 2009	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: AUG 27 2009	18. DATE APPROVED: JUN 23 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

9/28/2009 State authorized pen and ink changes.
10/20/2009 State authorized pen and ink changes.
12/10/2009 State authorized pen and ink changes.
3/31/2010 State authorized pen and ink changes.
5/06/2010 State authorized pen and ink changes.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

INFANT CASE MANAGEMENT SERVICES

A. Target Group

The Department provides infant case management services to Medicaid infants and their parent(s) for the direct benefit of the eligible infant from the time the infant is three months of age through the month of the infant's first birthday. Services are based on individual client needs which are identified through a screening process.

For the purpose of this program, the State defines a parent(s) as a person who resides with an infant, provides the day-to-day care, is authorized to make health care decisions, and is:

1. The infant's natural or adoptive parent(s);
2. A person other than a foster parent who has been granted legal custody of the infant; or
3. A person who is legally obligated to support the infant.

B. 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.

C. Components of Infant Case Management Services

Infant case management provides information and assistance to eligible infants and their parent(s) in order for the parent(s) to access needed medical, social, educational, and other services for the direct benefit of the eligible infant. Parents do not receive TCM services separately from what is provided to the eligible infant.

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

The core functions of the infant case manager are to:

Screen/Assess: The infant and parent(s) to identify needs. Screening identifies risks to the infant and parent(s) that jeopardize the welfare of the infant. An assessment determines the need for any medical, educational, social, and other services. Assessment involves taking infant and parent(s) history, identifying the risks to the infant, identifying the needs of the parent(s), and completing related documentation. It also includes gathering information from other sources such as family members, medical providers, and educators, if necessary, to form a complete assessment of the Medicaid infant and parent(s). Subsequent screening and/or reassessments will occur based on individual needs and as documented in the care plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Infant Case Management Services (cont.)

C. Components of Infant Case Management Services (cont)

Develop a Care Plan: To build on the information collected through the screening/assessment. A care plan will be developed, periodically reviewed, and revised as needed. A care plan will include:

- An overview of identified risks that jeopardize the welfare of the infant;
- Activities such as ensuring the active participation of the infant and working with the infant or parent(s);
- Specific goals and actions to address the medical, social, educational, and other services needed by the infant, including frequency of reassessments, if needed;
- Identification of local services and/or resources that improve the welfare of the infant;
- Expected outcomes of receiving ICM services.

Refer & Link: Medicaid-eligible infants and their parent(s) with medical, social, and educational services. For example, identifying a medical resource with the parent, and then contacting the medical resource to make an appointment on behalf of the parent.

Provide On-going Follow-up: To ensure the care plan is implemented and continues to adequately address the needs of the infant and parent(s). It also provides an opportunity for the infant case manager to make sure the parent(s) has information and resources necessary to meet the basic health and safety needs of the infant and that those services are being provided according to the infant's care plan. The activities and contacts made by the infant case manager may be with the Medicaid-eligible infant, parent(s), other family members, providers, and other entities that can assist the parent(s) and infant case manager in addressing the risks identified and included in the care plan. Changes in the needs or status of the infant are reflected in the care plan. Follow-up contact may be as frequent as necessary during the eligibility period with monitoring activities based on individual client circumstances.

D. Qualifications of Providers

Infant case managers must:

1. Work for a case management agency; the agency must have a National Provider Identification (NPI) number assigned by DSHS; and
2. Meet licensure requirements as determined and established by the Washington State Department of Health (DOH); and
3. Meet one of the following:
 - A. Participate as a current member of the interdisciplinary maternity support services team as a community health nurse, behavioral health specialist, or registered dietician, all of whom are registered with and meet licensure requirements established by the Washington State Department of Health (DOH).

-OR-

- B. Have a Bachelor's or Master's degree in a social service-related field such as social work, behavioral sciences, psychology, child development, or mental health **plus** one year of experience working in community services, social services, public health services, crisis intervention, outreach programs or other related field.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Infant Case Management Services (cont.)

D. Qualifications of Providers (cont)

-OR-

- C. Have a two-year Associate of Arts (AA) degree in a social service-related field such as social work, behavioral sciences, psychology, child development, or mental health **plus** two years of full time experience in community services, social services, public health services, crisis intervention, outreach programs or other related field. This staff person must receive monthly clinical supervision by a person listed in subparagraph D.3.A above or a staff person who has a Bachelor's or Master's degree in a social service-related field such as social work, the behavioral sciences, psychology, child development, mental health, nursing, or a closely allied field and provides oversight to this program as part of their daily administrative responsibilities. Clinical supervision may include face-to-face meetings or chart review or both, with the frequency dependent on the level of experience demonstrated by the staff person with the AA.

E. Case Management Agencies:

1. Are public or private social, health or education agencies employing staff with infant case managers.
2. Demonstrate the ability to refer, link and collaborate with individual practitioners, social, health and education agencies.
3. Have experience working with low-income families including pregnant and parenting women and children.
4. Meet applicable state and federal laws and regulations governing the participation of providers in the Medicaid program.

F. Access to Services

The state assures:

1. Infant case management services will not be used to restrict a client's access to other services under the Plan;
2. Clients will not be compelled to receive case management services, conditional receipt of case management services on the receipt of other Medicaid services, or conditional receipt of other Medicaid services on receipt of case management services; and
3. Infant case management providers do not exercise the department's authority to authorize or deny the provision of other services under the Plan.

G. The state assures that there are no restrictions on a client's free choice of providers in violation of Section 1902 (a) (23) of the Act.

All eligible Medicaid infants and their parent(s) have freedom to choose:

1. Whether or not to receive infant case management services.
2. Which infant case management provider they want to work with.
3. Which providers of other medical care under the plan they want to work with.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Infant Case Management Services (cont.)

H. Payment

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

I. Case Records

Providers maintain case records for all infants receiving case management. Case records contain the following documentation:

1. Name of the infant;
2. Date(s) of case management services;
3. Name of provider agency and case manager;
4. Nature, content, units of case management services received by infant and whether goals specified in the care plan have been achieved;
5. Whether the infant or parent(s) has declined services in the care plan;
6. The need for, and occurrences of, coordination with other case managers;
7. A timeline for obtaining needed services; and
8. A timeline for reevaluation of the plan.

J. Federal Financial Participation (FFP) Assurances

1. Case management does not include, and FFP is not claimed for:
 - a. Infant case management when those activities are an integral and inseparable component of other covered Medicaid services.
 - b. Case management services that are direct delivery of underlying medical, educational, social, or other services for which an eligible infant has been referred, including foster programs. These services include, but are not limited to, the following:
 - i. Research gathering and completion of documentation required by the foster care program;
 - ii. Assessing adoption placement;
 - iii. Recruiting or interviewing potential foster care parents;
 - iv. Serving legal papers;
 - v. Home investigations;
 - vi. Providing transportation;
 - vii. Administering foster care subsidies; and
 - viii. Making placement arrangements.
2. FFP is only available for case management service or TCM 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. The exception to this is case management that is included in an individualized family service plan consistent with §1903(c) of the Act (§§1902(a)(25) and 1905(c)).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

XIII. Targeted Case Management Services**A. Clients Manifesting Pathology with Human Immunodeficiency Virus (HIV).**

Payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the targeted case management services.

Payment is made through fee-for-service as billed by the provider.

- The agency's case management fee was set as of July 1, 2005 and is effective for dates of service on and after that date.
- All fees/rates are published on the agency website at <http://hrsa.dshs.wa.gov/RBRVS/Index.html>
- TCM for clients manifesting pathology with HIV will be billed in weekly increments.
- Examples of the types of expenditures that are considered in the computation of the fee schedule rate are:
 - ✓ Targeted case management staff salary and personnel benefit expenses;
 - ✓ Other administrative and programmatic expenses in support of TCM services; and
 - ✓ Other indirect expenses (e.g., insurance, utilities, etc.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

XIII. Targeted Case Management Services (cont)

- B. The Department provides infant case management services to Medicaid infants and their parent(s) for the direct benefit of the eligible infant from the time the infant is three months of age through the month of the infant's first birthday.

For the purpose of this program, the State defines a parent(s) as a person who resides with an infant, provides the day-to-day care, is authorized to make health care decisions, and is:

1. The infant's natural or adoptive parent(s);
2. A person other than a foster parent who has been granted legal custody of the infant; or
3. A person who is legally obligated to support the infant.

Payment for Title XIX targeted case management services may not duplicate payments made to public agencies or private entities under other programs for this same purpose. If the eligible infant and family are involved in services for another targeted group, ICM is closed and case management for the other targeted group is initiated.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the targeted case management services.

- Payment is made through fee-for-service as billed by the provider.
- The agency's case management fee was set as of July 1, 2005 and is effective for dates of service on and after that date.
- All fees/rates are published on the agency website at <http://hrsa.dshs.wa.gov/RBRVS/Index.html>
- TCM for Infant Case management will be billed on a per-visit basis, with each visit based on time increments of 15 minutes equaling one unit. Unit limitations are described in agency billing instructions.
- Computation of the per-unit rate takes the following into consideration:
 - ✓ Relative value of targeted case management services provided by similar professionals in different settings;
 - ✓ Historical expenditures for ICM services; and
 - ✓ Other expenses related to provision of targeted case management services (e.g., travel time and associated travel costs, charting/documentation time, etc.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

XIII. Targeted Case Management Services (cont)

- C. Recipients under age 21 (not already serviced by a case manager) whose family or caretaker needs assistance in accessing the health care system.

Payments made for targeted case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

As noted below, state-developed fee schedule rates are not the same for governmental and private providers of the targeted case management services.

For private agency providers, payment will be on a fee-for-service basis. The payment for services provided on a fee-for-service basis is based on a rate negotiated by the state Medicaid agency.

- The agency's fee schedule rate was set as of Oct. 1, 2009 and is effective for dates of services provided on and after that date. All rates are published on the agency website at <http://www.dshs.wa.gov/ca/partners/contractRates.asp>
- The Department requests providers to bill on a monthly basis.
- Examples of the types of expenditures that are considered in the computation of the fee schedule rate are:
 - ✓ Targeted case management staff salary and other personnel expenses;
 - ✓ Supervisory salary and other personnel expenses in support of TCM services; and
 - ✓ Indirect expenses (general government service charges, worker's compensation, property insurance, etc.)

For state staff, the rate will be based on the actual statewide expenditures for the service. All the expenditures associated with the delivery of TCM within a defined time frame (month) are divided by all the TCM units of services provided to derive the unit rate. A quarterly report is submitted to CMS. In managing the Title XIX grant, once the final claim is filed, OAS reconciles the federal revenue received to reported expenditure amounts based on financial information recorded in the State Agency Financial Reporting System (AFRS).