

**MEDICAID Case Management and Supports Coordination  
[DWMHA/Judy Webb seminar, 5/12/2015]**

<i>SERVICE:</i>	<b>“Targeted Case Management”</b>	<b>“1915(b)(3) Supports Coordination”</b>	<b>“HSW Supports Coordination”</b>
<b>NEEDS OF INDIVIDUAL</b>	<p>Medically necessary for children with SED, adults with SMI, people with DD/IDD, people with co-occurring SMI/SUD who have:</p> <ul style="list-style-type: none"> <li>• Multiple service needs</li> <li>• High level of vulnerability</li> <li>• Require access to continuum of MH services from PIHP, and/or</li> <li>• Are unable to independently access &amp; sustain involvement with services</li> </ul>	<p>Medically necessary for individuals who have goal(s) of community inclusion and participation, independence, and/or productivity</p>	<p>Enrolled in HSW, who would otherwise need an institutional level of care; medically necessary</p>
<b>AMOUNT, SCOPE &amp; DURATION</b>	<p>Determined via PCP and reflective of the health and safety needs of the beneficiary, adjusted as a result of ongoing monitoring or at the request of the beneficiary. While there is NO set requirement for frequency of contacts, there must be consideration for the vulnerability of the individual when determining amount, scope and duration.</p>	<p>Determined via PCP and reflective of the health and safety needs of the bene, adjusted as a result of ongoing monitoring or at the request of the bene. There has NEVER been a requirement for a minimum number of SC visits per month. However, consideration of vulnerability, presence of social supports and other factors must be present in the PCP</p>	<p>Determined via PCP and reflective of the health and safety needs of the bene, adjusted as a result of ongoing monitoring or at the request of the bene. There is NO LONGER a requirement for minimum number of SC visits per month (although at least one HSW service must be provided each month in order for the individual to stay enrolled). However, the vulnerability of the individual needs to be considered.</p>

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<b>CORE FUNCTIONS</b>	<p>Given the vulnerability of individuals receiving this service, it is expected that all of these functions would be provided by CM:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Planning, development of an IPOS via PCP</li> <li>• Linking/coordinating with services and supports</li> <li>• Advocacy with access to entitlements</li> <li>• Monitoring</li> </ul>	<p>There is not an expectation that all core functions must be performed, whether by the SC or SC assistant or Service Broker:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Planning, development of an IPOS via PCP</li> <li>• Linking/coordinating with services and supports*</li> <li>• Advocacy with access to entitlements</li> <li>• Monitoring</li> </ul>	<p>It is expected that all core functions will be addressed in the IPOS:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Planning, development of an IPOS via PCP</li> <li>• Linking/coordinating with services and supports</li> <li>• Advocacy with access to entitlements</li> <li>• Monitoring</li> </ul>
<b>STAFF QUALIFICATIONS</b>	QMHP or QMIDD	<p>SC: BS/BA in human services field + 1 yr experience with population; SC Assistant &amp; Service Broker: minimum of equivalent <i>experience</i> (e.g., knowledge, skills and ability) of SC, 18 yrs of age, functions under the supervision of an SC, trained to meet the needs of the beneficiary</p>	<p>SC: QMIDD; SC Assistant &amp; Service Broker: minimum of equivalent <i>experience</i> (e.g., knowledge, skills and ability) of SC, 18 yrs of age, functions under the supervision of an SC, trained to meet the needs of the beneficiary(s)</p>