

**OFFICE OF  
DEVELOPMENTAL  
PROGRAMS BULLETIN**

<b>ISSUE DATE</b>  January 20, 2016	<b>EFFECTIVE DATE</b>  January 20, 2016	<b>NUMBER</b>  00-16-01
<b>SUBJECT</b>  Targeted Services Management for Individuals with an Intellectual Disability	<b>BY</b>  Nancy Thaler, Deputy Secretary	

**SCOPE:**

Individuals and Families  
 Providers of Targeted Services Management (TSM) for Individuals with an Intellectual Disability  
 County Mental Health/Intellectual Disability (MH/ID) Programs

**PURPOSE:**

The purpose of this bulletin is to communicate and clarify the requirements for TSM that were approved by the Centers for Medicare and Medicaid Services (CMS) on April 15, 2015.

Notable changes to TSM discussed in this bulletin include:

- A full Individual Support Plan (ISP) is required to be completed for all individuals who receive TSM.
- Transition Planning is available for up to 180 consecutive calendar days for individuals in eligible settings.
- Face-to-face monitoring with individuals must occur at least once every 365 calendar days and on a separate day from the annual ISP meeting.
- Enhanced qualification requirements for TSM providers and targeted services managers have been added.

**BACKGROUND:**

Targeted Case Management (referred to as TSM by the Office of Developmental Programs) is an optional state plan service included in Pennsylvania's Medical Assistance State Plan. A Medical Assistance state plan is an agreement between a state and the federal government describing how that state administers its Medicaid programs. It gives an assurance that a state will abide by federal rules and may claim federal matching funds for its program activities. The

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate ODP Program Office

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state plan sets out groups of individuals to be covered, services to be provided, the rate setting and payment methodology and the administrative activities.

Information regarding TSM for individuals with an intellectual disability was last updated and approved in Pennsylvania's Medical Assistance State Plan in 1990. CMS required that this information be updated to comply with current federal regulations. Attachment 1 contains the approved pages of Pennsylvania's Medical Assistance State Plan regarding TSM.

## **DISCUSSION:**

TSM is a valuable service that assists individuals in gaining access to needed medical, social, educational and other services. The purpose of TSM is to promote an individual's right to an *Everyday Life* utilizing Person Centered Planning and Self-Determination principles.

County MH/ID programs will ensure individuals meet the following requirements to initially receive TSM:

- Be eligible for Medical Assistance as determined by the County Assistance Office.
- Be determined to have an intellectual disability in accordance with the Office of Developmental Programs' (ODP) current policy and be registered with a County MH/ID Program.
- Be residing in a community setting.

The County MH/ID Program is responsible for informing individuals of their right to choose willing and qualified TSM providers. Federal Medical Assistance payments are only reimbursable to a single TSM provider. This provision is based on the principle that there is one TSM provider who has ultimate responsibility for the delivery of all components of TSM and the existence of a system that ensures there is no duplication of service and payment for Medical Assistance services.

An individual who is enrolled in a 1915(c) waiver may not receive TSM as he or she receives Supports Coordination services through the Waiver. In Pennsylvania there are nine 1915(c) waivers:

- Adult Autism Waiver.
- Aging Waiver.
- Attendant Care Waiver.
- COMMCARE Waiver.
- Consolidated Waiver.
- Independence Waiver.
- Infant, Toddlers and Families Waiver.
- OBRA Waiver.
- Person/Family Directed Support Waiver.

## Individual Support Plan (ISP) Requirements

Developing an ISP is based on the philosophies and concepts of Positive Approaches, Everyday Lives, and Person Centered-Planning that captures the true meaning of working together to empower the individual to dream, plan, and create a shared commitment for his or her future. As part of the ISP planning process, TSM providers are required to ensure an initial assessment has been completed within 45 days of referral to the TSM agency and at least annually thereafter or sooner if there is a significant change in need. A comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services must include:

- Summarizing the individual's history;
- Identifying the individual's needs and completing related documentation; and
- Gathering information from other sources such as natural supports (which include family members, neighbors and other supporters), medical providers, social workers, other service systems (education schools, Office of Vocational Rehabilitation, Office of Mental Health and Substance Abuse Services, etc.) to form a complete assessment of the eligible individual.

ODP's statewide standardized needs assessment applies to Consolidated and Person/Family Directed Support waiver participants only and should not be completed for individuals receiving TSM unless he or she is in the process of enrolling in one of these waivers.

A service authorization for TSM is not required in the ISP. The individual or their representative must consent to receive the service by signing the ISP Signature Form (DP 1032). The TSM provider is responsible for providing the ISP Signature Form to the individual or their representative and completing it with them at the conclusion of the ISP team meeting. The ISP should include the provision of TSM activities and shall be reviewed and approved by the County MH/ID Program.

ODP allowed abbreviated plans to be completed in the past for individuals receiving TSM. To comply with federal requirements, the ISP must include medical, social, educational information and other services needed by the individual. For this reason, a full ISP must be completed at the individual's next annual plan meeting. Full ISPs must be completed and approved no later than April 30, 2016. A full ISP must be completed for any new individual who begins to receive TSM on or after July 1, 2015.

More information regarding the ISP process that must be followed by TSM providers and County MH/ID Programs can be found in the current ODP Bulletin entitled *Individual Support Plans*.

## Transition Planning

TSM is available for individuals who reside in, or are inpatients of nursing facilities, acute care hospitals or ICFs/ID for the purpose of transitioning these individuals to a community setting. Transition planning is compensable under TSM for up to 180 consecutive calendar days. A

community setting is a private home, a waiver funded residential setting, or a base funded residential setting that complies with waiver residential setting requirements.

TSM providers may bill for transition planning activities as soon as they begin. A TSM provider may also bill for transition planning activities even if the individual is not able to successfully transition into a community setting. While there is a general limit of 180 consecutive calendar days for reimbursement of transition planning activities, this does not constitute a lifetime limit on transition activities for each individual. A new 180 consecutive calendar day period can be utilized and reimbursed if transition to one community setting is unsuccessful but a new community setting is identified. Further, transition activities to the same community setting can occur more than once when there has been at least 90 calendar days between transition activities occurring. Attachment 2 provides examples of when a TSM provider may bill for transition planning activities.

Individuals between the ages of 22 and 64 who are served in "institutions for mental disease" or individuals who are "inmates of public institutions" are not eligible for TSM reimbursement for transition planning. An institution for mental disease includes psychiatric hospitals and licensed or accredited inpatient psychiatric facilities. Inmates of public institutions include individuals incarcerated in city, county, state or federal correctional facilities. The federal definitions for an "institution for mental disease" and a 'public institution' may be found in 42 CFR § 435.1009.

During transition planning the targeted services manager should work closely with any facility staff that are responsible for discharge planning. Targeted services managers must document transition planning activities in service notes located in HCSIS. At a minimum this documentation should include:

- The community setting identified where the individual will transition.
- Contact with individuals and agencies that will provide supports and services needed by the individual to successfully transition to the community setting.
- Contact with individuals and agencies that will provide supports and services needed by the individual to successfully live in the community setting after the transition.
- The reason transition activities to a community setting were unsuccessful, should this occur.

Money Follows the Person funds should be used when available for individuals transitioning from public or private ICFs/ID, Residential Treatment Facilities (RTFs), and nursing facilities to eligible community settings. Attachment 3 provides a comparison chart regarding transition activities covered through TSM and Money Follows the Person. Please refer to ODP's most recent communication that discusses procedural requirements for MFP.

### Monitoring Requirements

Providers of TSM are responsible for ensuring that the ISP is implemented and address the individual's needs. To accomplish this, targeted services managers are required to meet with each individual receiving TSM a minimum of once every 365 days for a face-to-face monitoring. This monitoring must occur on a separate day from the annual ISP meeting. The

face-to-face monitoring should be conducted based on the individual's needs and may occur more frequently when needed. The targeted services manager must document the face-to-face monitoring on ODP's designated monitoring tool and the activity should be documented in a service note. Providers of TSM must use the Department's approved information system to complete the ISP, enter face-to-face monitoring information and record service activity within ODP's guidelines.

#### Qualification Requirements

ODP staff are responsible for ensuring that each TSM provider meets the qualification requirements contained in Pennsylvania's Medical Assistance State plan (Attachment 1). It is important for providers of TSM to note that key organizational qualification requirements have been added such as service location in Pennsylvania, 24-hour response system and conflict-free requirements for consistency of current practices. An additional requirement for targeted services managers to complete ODP-required orientation prior to service delivery and any other training required and communicated by ODP has also been added. ODP continues to follow the state Civil Service Commission's county caseworker educational and experience specifications for the employment of targeted services managers.

#### Billing

TSM providers are responsible for ensuring that they only bill in accordance with this policy. Payment methodologies were updated in the State Plan Amendment to reflect current rate setting methodology and billing through the state's Medical Assistance billing system (PROMISe). A unit of TSM service is 15 minutes; there is no rounding. Transportation and travel is included in the TSM rate and is not a separately reimbursable activity.

If an individual is moving to a setting that is not eligible for MFP, TSM can be billed for transition planning activities as they are provided, up to 180 days.

Please see Attachment 4, "Targeted Services Management Billable and Non-Billable Activity Guide" for additional billing clarification.

#### **ATTACHMENTS:**

Attachment 1: Pennsylvania Medical Assistance State Plan Regarding TSM for Individuals with an Intellectual Disability

Attachment 2: Transition Planning Examples

Attachment 3: Money Follows the Person (MFP) and TSM Transition Planning Comparison Chart

Attachment 4: Targeted Services Management Billable and Non-Billable Activity Guide

**OBSOLETE DOCUMENTS:**

Bulletin 00-02-06, Revision of Definition of Conflict Free Providers for Targeted Service Management

Bulletin 00-96-18, Additions to TSM Handbook and Technical Assistance Packet

Bulletin 00-96-13, Claiming Federal Reimbursement for Targeted Service Management Administration Costs

Bulletin 00-95-12, State Match Verification and Targeted Service Management

Bulletin 00-94-15, Targeted Service Management Technical Assistance Packet

Bulletin 00-94-14, Targeted Service Management and Third Party Liability

Bulletin 00-94-23, Targeted Service Management and 180-Day Invoice Exceptions

Bulletin 00-94-33, Targeted Service Management Handbook