

**CHAPTER 1247. TARGETED CASE
MANAGEMENT SERVICES**

GENERAL PROVISIONS

- Sec.
1247.1. Policy.
1247.2. Definitions.
1247.3. Target groups.

SCOPE OF BENEFITS

- 1247.21. Scope of benefits for the categorically needy.
1247.22. Scope of benefits for the medically needy.
1247.23. Scope of benefits for State Blind Pension recipients.

PROVIDER PARTICIPATION

- 1247.41. Participation requirements.
1247.42. Ongoing responsibilities of providers.

**PAYMENT FOR TARGETED CASE
MANAGEMENT SERVICES**

- 1247.51. General payment policy.
1247.52. Payment criteria.
1247.53. Limitations on payment.
1247.54. Noncompensable services.

UTILIZATION CONTROL

- 1247.71. Scope of claim review procedures.

ADMINISTRATIVE SANCTIONS

- 1247.81. Provider misutilization.

Authority

The provisions of this Chapter 1247 issued under section 201.1 of the Public Welfare Code (62 P. S. § 201.1), unless otherwise noted.

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The provisions of this Chapter 1247 adopted February 7, 1992, effective upon publication and apply retroactively to June 1, 1989, 22 Pa.B. 593, unless otherwise noted.

GENERAL PROVISIONS**§ 1247.1. Policy.**

The MA Program provides payment for targeted case management services rendered to eligible recipients by case managers enrolled as providers under the program. Payment for targeted case management services is subject to this chapter, and Chapters 1101 and 1150 (relating to general provisions; MA Program payment policies) and the MA Program Fee Schedule.

§ 1247.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Case manager—An individual approved by the Department to provide targeted case management services.

Targeted case management services—Services which provide targeted MA recipients with access to comprehensive medical and social services to encourage the cost effective use of medical and community resources, promoting the well-being of the recipient while ensuring the recipient's freedom of choice.

§ 1247.3. Target groups.

(a) Targeted case management services are provided to eligible clients with the diagnosed medical conditions listed in Appendix A (relating to targeted case management services—eligible target groups).

(b) The Department will announce additional target groups by notice in the *Pennsylvania Bulletin* and codify the target groups in Appendix A.

SCOPE OF BENEFITS**§ 1247.21. Scope of benefits for the categorically needy.**

Categorically needy recipients not enrolled in a hospice, health maintenance or health insuring organization are eligible for targeted case management services if they have a diagnosed medical condition identified by the Department as belonging to a target group.

§ 1247.22. Scope of benefits for the medically needy.

Medically needy recipients not enrolled in a hospice, health maintenance or health insuring organization are eligible for targeted case management services if they have a diagnosed medical condition identified by the Department as belonging to a target group.

§ 1247.23. Scope of benefits for State Blind Pension recipients.

State Blind Pension recipients are not eligible for targeted case management services under the MA Program unless the recipient is also categorically needy or medically needy.

PROVIDER PARTICIPATION**§ 1247.41. Participation requirements.**

(a) In addition to the participation requirements established in Chapter 1101 (relating to general provisions), each case manager shall enroll in the MA Program as a case manager.

(b) Enrollment is open to registered nurses licensed in this Commonwealth and individuals possessing, at a minimum, a bachelor's degree in one of the social sciences.

(c) Case managers shall maintain licensure status, if required for initial enrollment, and shall have the particularized knowledge of the special needs associated with the conditions of the special target group.

(d) In addition to meeting the requirements of this section, out-of-State case managers are eligible for enrollment if one of the following occurs:

(1) An appropriate Pennsylvania-based case manager is not available within a reasonable distance to provide the targeted case management services needed by members of a target group.

(2) The recipient lives in an area where residents generally receive health care services from providers located in the area in which the case manager is situated.

§ 1247.42. Ongoing responsibilities of providers.

(a) Ongoing responsibilities of providers are established in § 1101.51 (relating to ongoing responsibilities of providers).

(b) In addition to the requirements set forth under subsection (a), a case manager shall comply with the following recordkeeping requirements:

(1) A case manager shall maintain an activity log on each recipient that includes, at a minimum:

(i) The case manager's name.

(ii) The recipient's name and MA identification number.

(iii) The time, date, place and a description of each targeted case management service.

(iv) Information relating to the services provided.

(2) The case manager's recipient's file shall include a copy of the medical treatment plan or other documentation obtained from the recipient's physician no later than 30 days from the initial contact with the recipient. The case man-

ager shall obtain an updated medical treatment plan from the recipient's physician at least every 6 months.

(3) Case managers shall develop a service coordination plan (SCP) for each recipient that:

(i) Is based on the medical treatment plan developed by the recipient's physician.

(ii) Incorporates social and other interventions needed to promote the well-being of the recipient.

(iii) Is developed within 30 days of notification by the Department that the recipient is eligible for the targeted case management program.

(iv) Includes active participation by the recipient or the recipient's representative during the development and updating of the SCP.

(v) Is updated monthly to document and certify the effectiveness of services included in the plan and the recipient's need for continuation of services.

(vi) Is submitted to the Department or its representative upon request or as designated by the Department.

(c) Services provided by a case manager are limited to the following:

(1) *Screening*. The case manager evaluates the recipient's medical, social, psychological and financial condition as well as environmental factors by reviewing related documentation and interviewing the recipient to determine if the recipient is an appropriate candidate for targeted case management services under the MA Program.

(2) *Assessing service needs*. Based on the medical treatment plan, the case manager, in conjunction with the recipient or the recipient's representative, will:

(i) Identify the recipient's needs.

(ii) Identify targeted case management services that are appropriate based on the recipient's health condition.

(iii) Establish realistic goals.

(3) *Developing and implementing the SCP*. The SCP will specify activities which serve as a means for the case manager and recipient to achieve the established goals. The plan will include appropriate referrals, service providers and community resources to be used. The plan will follow a format developed by the Department.

(4) *Identifying, linking and coordinating services*. Based on the SCP, the case manager shall locate resources and make referrals or arrangements for treatments and support services.

(5) *Facilitating access to services*. When necessary, the case manager shall intervene on behalf of the recipient to obtain needed services from appropriate agencies, private individuals or other service providers. The case manager shall provide support to the recipient and encourage the recipient to use services in accordance with the service coordination plan.

(6) *Monitoring the effectiveness of services.* To ensure appropriate quantity, quality and effectiveness of services in accordance with the SCP, the case manager shall monitor services on an ongoing basis.

(7) *Reassessing the service needs.* The case manager shall confer with the recipient and review the SCP periodically for changes in the recipient's needs as determined by the Department. These changes shall be reflected by appropriate revisions to the SCP followed by changes in targeted case management services as indicated in the plan.

(d) The case manager shall meet with the recipient and, when appropriate, the recipient's representative in the recipient's place of residence within 30 days of the determination that the recipient is eligible for targeted case management services. Follow-up meetings with the recipient and, when appropriate, the recipient's representative shall occur at least every 6 months. Exceptions to the requirements relating to meetings in the recipient's place of residence will be made at the discretion of the Department taking into consideration unusual circumstances encountered.

(e) The case manager shall act promptly in situations that may jeopardize the goal of a recipient's SCP.

(f) The case manager shall complete training programs developed or required, or both, by the Department within specified time frames.

PAYMENT FOR TARGETED CASE MANAGEMENT SERVICES

§ 1247.51. General payment policy.

(a) The Department pays a predetermined fee for targeted case management services provided to eligible recipients by participating case managers subject to the conditions and limitations established in this chapter.

(b) Payment is made for targeted case management services provided in 15-minute units.

(c) The Department will determine the target groups eligible for targeted case management services.

(d) The Department will determine the geographic areas covered by targeted case management services.

(e) Targeted case management services are optional services available to eligible recipients.

(f) Recipient access to targeted case management services is as follows:

(1) Recipients may access targeted case management services through self-referral or referral by a physician, advocacy group, the local county assistance office or other person/agency acting on behalf of the recipient.

(2) Recipients may apply for a change in case managers by submitting a written request to the Department. Reassignment to another case manager takes

effect 30 days from the date on which the request is received by the Department contingent upon the availability of an appropriate case manager.

§ 1247.52. Payment criteria.

The Department will establish maximum fees for case managers based on the criteria established in § 1150.6 (relating to payment levels), and included in the MA Program Fee Schedule.

§ 1247.53. Limitations on payment.

(a) The Department's coverage for targeted case management services is limited to a specified number of hours per 30-day period as determined by the Department as appropriate for the specific target group, and included in the MA Program Fee Schedule.

(b) Payment will be made for targeted case management services provided by only one MA case manager per recipient for a given period of time, which will be determined by the Department.

(c) Coverage for targeted case management services is limited to recipients identified by the Department as belonging to a group targeted for case management services.

(d) The Department reserves the right to limit a case manager MA caseload.

§ 1247.54. Noncompensable services.

Payment will not be made to a case manager for the following:

(1) Targeted case management services that are available through other public agencies, private insurance plans and State or Federal programs.

(2) Targeted case management services provided to recipients who reside in a geographic area excluded from the program for that target group or who do not otherwise qualify as members of a target group.

(3) Targeted case management that is provided as an integral part of another covered MA service.

(4) Services provided for purposes other than to assist the recipient to gain access to medical and social services related to a targeted illness. These services include institutional discharge planning and outreach activities for the purpose of seeking potential recipients of targeted case management services.

(5) Services other than those defined by the Department as targeted case management services.

(6) Direct patient care services other than those provided for under this chapter.

UTILIZATION CONTROL**§ 1247.71. Scope of claim review procedures.**

Claims submitted for payment under the MA Program are subject to the utilization review procedures established in Chapter 1101 (relating to general provisions).

ADMINISTRATIVE SANCTIONS**§ 1247.81. Provider misutilization.**

Providers determined to have billed for services inconsistent with this part, to have provided services outside the scope of customary standards of practice, or to have otherwise violated the standards in the provider agreement, are subject to the sanctions described in Chapter 1101 (relating to general provisions).

**APPENDIX A. TARGETED CASE MANAGEMENT SERVICES—
ELIGIBLE TARGET GROUPS**

Target groups eligible for targeted case management services are those eligible clients with the diagnosed medical conditions listed as follows:

Acquired Immune Deficiency Syndrome (AIDS) or Symptomatic Human Immunodeficiency Virus (HIV).

Cross References

This appendix cited in 55 Pa. Code § 1247.3 (relating to target groups).

[Next page is 1249-1.]

1247-8

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