

DEPARTMENT OF HEALTH AND SOCIAL SERVICES



PROPOSED CHANGES TO REGULATIONS

**Traumatic or Acquired Brain Injury Program.
7 AAC 110 & 145. Targeted Case Management and Payment.**



**PUBLIC REVIEW DRAFT
May 31, 2013**

**COMMENT PERIOD ENDS: July 15, 2013
Please see public notice for details about how to
comment on these proposed changes.**

Notes to reader:

- 1. Except as discussed in note 2, proposed new text that amends an existing regulation is **bolded and underlined**.
- 2. If the lead-in line states that a new section, subsection, paragraph, subparagraph, or clause is being added, or that an existing section, subsection, etc. is being repealed and readopted (replaced), the new (or replaced) text is not bolded or underlined.
- 3. [ALL-CAPS TEXT WITHIN BRACKETS] indicates text that is proposed to be deleted.
- 4. When the word “including” is used, Alaska Statutes provide that it means “including, but not limited to.”

Title 7. Health and Social Services.

7 AAC 110 is amended by adding new sections to read:

Section

- 603. Eligibility for TABI targeted case management
- 605. Targeted case management (TCM) covered services
- 610. Targeted case management non-covered services
- 615. Provider eligibility requirements
- 619. Definitions

7 AAC 110.603. Eligibility for TABI Targeted Case Management. To be eligible for traumatic and acquired brain injury targeted case management, an individual shall:

- (1) be an Alaska resident;
- (2) be at least 18 years of age;
- (3) be diagnosed with one of the traumatic or acquired brain injuries defined in AS 47.80.590 by a physician, nurse practitioner, neuropsychologist, or physician’s assistant, certified (PA-C); this may include a neurologist, physiatrist, attending physician, or neuropsychologist;

(4) be determined to have residual behavioral, emotional, cognitive or physical deficits and disability due to a traumatic or acquired brain injury;

(5) attest to a desire for returning to community, school and vocational activities, and to live as independently as possible. (Eff. _____/_____/2013, Register _____)

Authority: AS 47.07.030 AS 47.07.046 AS 47.80.500

7 AAC 110.605. Targeted case management covered services. (a) Targeted case management services billed to Medicaid must be for allowable activities and include one or more of the following components:

(1) an assessment of the recipient in the target group to determine the need for medical, educational, social, or other services as follows:

- (A) taking recipient history;
- (B) identifying the needs of the recipient, and completing related documentation;
- (C) gathering information from other sources, such as natural supports, medical providers, social workers, and educators, if necessary, to form a complete assessment of the recipient;

(D) periodically reassessing a recipient to determine whether the recipient's needs or preferences have changed; a reassessment must be conducted at least annually or more frequently if changes occur in an individual's condition;

(2) development of a person-centered care plan based on the information collected through the assessment or periodic reassessment, specifying the goals and actions to address the medical, social, educational, and other services needed by the recipient, including

- (A) active participation of the recipient in the target group; or
- (B) working with the recipient or the recipient's legal representative and others to develop goals and identify a course of action to respond to the assessed needs of the recipient;

(3) referral, linking and coordination of services and related activities including

(A) scheduling appointments for the recipient in the target group to obtain needed services; and

(B) activities that help link the recipient with medical, social, or educational providers, or other programs and services, including food vouchers, transportation, child care, or housing assistance, that address identified needs and achieve goals specified in the care plan; the case management referral activity is completed once the referral and linkage has been made;

(C) reminding and motivating the recipient to adhere to the treatment and services schedules established by providers;

(4) ongoing face-to-face or other contact including;

- (A) monitoring and follow-up activities designed to
 - (i) ensure the care plan is effectively implemented;
 - (ii) help determine whether the services are being furnished in accordance with the eligible recipient's care plan;
 - (iii) determine whether the care plan adequately addresses the needs of the recipient in the target group; and
 - (iv) adjust the care plan to meet changes in the needs or status of the recipient;

(B) monitoring activities may include contacts with:

- (i) the recipient in the target group;

(ii) the recipient’s legal representative, family members, providers, or other entities or individuals when the purpose of the contact is directly related to the management of the recipient’s care.

(b) TCM services billed to Medicaid must be documented in individual case records for all individuals receiving case management. The documentation must include

- (1) the name of the recipient;
- (2) the dates of the case management services;
- (3) the name of the provider agency, if relevant, and the person providing the case management service;
- (4) the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- (5) whether the recipient 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;
- (8) a timeline for reevaluation of the plan. (Eff. _____/_____/2013,

Register _____)

Authority: AS 47.07.030 AS 47.07.046 AS 47.80.500

7 AAC 110.610. Targeted Case Management non-covered services. TCM services do not cover:

- (1) direct delivery of an underlying medical, educational, social, or other service, to which the recipient has been referred;
- (2) providing transportation to a service to which a recipient is referred;
- (3) escorting a recipient to a service;
- (4) providing child care so that a recipient may access a service;
- (5) contacts with individuals who are not categorically eligible for Medicaid, or that are categorically eligible for Medicaid but not included in the eligible target population when those contacts relate directly to the identification and management of the non-eligible or non-targeted individual’s needs and care;
- (6) assisting an individual, who has not yet been determined eligible for Medicaid, to apply for or obtain this eligibility;
- (7) TCM services provided to an individual if the services are case management services funded by Title IV-E or Title XX of the Social Security Act, or federal or state funded parole and probation, or juvenile justice programs;
- (8) activities for which third parties are liable to pay. (Eff. _____/_____/2013,

Register _____)

Authority: AS 47.07.030 AS 47.07.046 AS 47.80.500

7 AAC 110.615. Provider eligibility requirements. (a) To be eligible for payment under 7 AAC 105 - 7 AAC 160 for providing targeted case management services for participants

with traumatic or acquired brain injury, a provider must

(1) be enrolled as a provider of those services in accordance with 7 AAC 105.210;

(2) provide documentation of at least one year of experience in

(A) effective work with recipients and natural supports, involving a demonstrated capacity to provide all core elements of case management and care coordination including assessment, development of the service plan, implementation, coordination, and reassessment;

(B) coordinating and linking community medical, social, educational, and other resources as required by the target population identified in (b) of this section;

(C) working with the target population identified in (b) of this section;

and

(D) financial management that provides documentation of service and costs.

(b) A case manager must

(1) be an employee of a provider of case management services in accordance with 7 AAC 105.210;

(2) have at least one year experience as a case manager or care coordinator;

(3) complete training in traumatic brain injury case management curriculum approved by the department;

(4) submit a complete application on a form provided by the department;

(5) submit verification of a Bachelor’s degree from an accredited college or university in health or human services; and

(6) documentation of at least one year of experience working with the target population.

(c) An eligible recipient may choose among the enrolled providers of targeted case management who provide services to the geographic area in which the recipient resides.

(Eff. _____/_____/2013, Register _____)

Authority: AS 47.07.030 AS 47.07.046 AS 47.80.500

7 AAC 110.619. Definitions. In 7 AAC 110.603 – 7 AAC 110.619,

(1) “Alaska resident” means a person that established residency in this state with proof of home ownership, rent receipts, a home purchase contract, or other proof that an individual maintains a principal home in this state, a contract to move household goods to this state, employment records, voting registration or voting records, motor vehicle registration, or other valid information found in 15 AAC 23.143;

(2) “care coordinator” means an individual that has completed the basic Senior and Disabilities Services training course on Home and Community Based Waiver plan of care development and Personal Care Assistance service oversight;

(3) "case management" means a collaborative process that assesses, plans,

implements, coordinates, monitors and evaluates the options and services required to meet individual's needs, using person-centered planning, ongoing communication and available resources to promote quality, cost effective outcomes; the primary functions of TABI case management are to:

- (A) maximize recipient and natural support understanding and involvement through education and support;
- (B) promote maximum independence and successful integration into community living;
- (C) optimize access to appropriate community services;
- (D) integrate and coordinate service delivery by multiple sources and to prevent fragmentation of services;

- (4) "legal representative" means that person chosen to represent with legal standing, such as a power of attorney, medical power of attorney, or guardian;
- (5) "person-centered planning" has the meaning given in 7 AAC 83.090(3);
- (6) "provider" has the meaning given in 7 AAC 83.090(5);
- (7) "recipient" has the meaning given in 7 AAC 83.090(6);
- (8) "service plan" means a written plan that identifies the specific services that will be coordinated for the recipient and that is signed by the recipient or the recipient's designated personal representative. (Eff. _____/_____/2013, Register _____)

Authority: AS 18.15.360 AS 47.07.046 AS 47.80.500
AS 47.07.030

7 AAC 145 is amended by adding a new section to read:

7 AAC 145.267. Traumatic or acquired brain injury targeted case management services payment rate. (a) The department will pay a traumatic or acquired brain injury targeted case management services provider in accordance with the rates and methodologies set out in this section.

(b) For targeted case management services provided under 7 AAC 110.605, the department will pay a unit of service at the lesser of the

- (1) amount charged by the provider to the public; or
- (2) the monthly case management rate established in the department's *Chart of Personal Care Attendant and Waiver Services Rates*, adopted by reference in 7 AAC 160.900 under care coordination services. (Eff. _____/_____/2013, Register _____)

Authority: AS 47.07.030 AS 47.07.045