Procedure No.: I.C.1.PR.001.e Issue Date: July 30, 2003

**Subject: Targeted Case Management** **Effective Date:** Upon release

**Section:** Case Management/Broker Services **Revised Date:** November 14, 2016

 **Approved:**/s/Jordan A. Scheff,

 Acting Commissioner/SLT

### Policy Statement

Documentation of the services and supports an individual receives is an important aspect of Case Management. Good record keeping helps to provide the individual with a history that can be used for future planning. This documentation also is used by the Department of Developmental Services (DDS) as evidence of the provision of Targeted Case Management (TCM). The Centers for Medicare and Medicaid Services (CMS) requires documentation to be kept in order for those services to be billed and the DDS electronic case note system is the format used for this billing.

1. **Purpose**

### The purpose of this procedure is to establish a standardized process to ensure successful participation of individuals who receive funding or services from DDS in the Targeted Case Management Program.

### Applicability

This procedure shall apply to any individual receiving DDS case management services, who is enrolled in the Connecticut Medical Assistance Program, and who does not reside in a Medicaid-funded long-term care facility (e.g., Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID); Skilled Nursing Facility (SNF)). This procedure also shall apply to all DDS staff who provide case management services.

### Definitions

See [**Case Management Definitions**](http://www.ct.gov/dds/lib/dds/dds_manual/ic1/case_management_definitions.pdf) at the beginning of the Case Management/Broker Services section of the DDS Manual.

##### Implementation

##### Any individual found eligible to receive DDS funding or services and who has been assigned a case manager by DDS shall be assisted to apply for Medicaid, if the individual is not already enrolled in Medicaid, as soon as possible after assignment of a case manager. An individual with active Medicaid shall receive Targeted Case Management as outlined in the Medicaid State Plan Amendment. Targeted Case Management Services encompass the following four areas:

1. **Assessment:** An individual shall receive a Level of Need (LON) Assessment and Screening upon assignment of a case manager and shall be reassessed at least annually prior to the individual’s planning meeting.
2. **Planning:** An individual shall have an annual Individual Plan (IP) or an IP Short as described in I.C.1.PO.002 [Individual Planning](http://www.ct.gov/dds/lib/dds/dds_manual/ic1/ic1po002_indivplng_policy.pdf) and I.C.1.PR.002a [Components of an Individual Plan](http://www.ct.gov/dds/lib/dds/dds_manual/ic1/ic1pr002a__indivplancomponents_revised.pdf). The individual plan shall:
3. Identify all services needed by the individual and the anticipated frequency, duration, and limitations of the services;
4. Indicate the anticipated frequency, duration, and limitations of case management services to be provided to the individual;
5. Indicate that the individual and the individual’s guardian or legal representative have participated in, or have been given the opportunity to participate in, the development of the individual’s IP; and
6. Be reviewed and monitored by the case manager throughout the year.
7. **Coordination:** The case manager shall provide coordination of the individual’s services and any referrals necessary to obtain needed services. These services shall include referrals or contact with potential providers in the community as well as DDS funded services.
8. **Monitoring:** The case manager shall monitor and provide any necessary follow-up on the individual’s services as outlined in the individual’s IP. Monitoring by the case manager of the individual’s progress towards the IP’s outcomes shall be achieved through the completion of the DDS Quality Service Review process and through direct contact with the individual, his or her guardian or legal representative, and the individual’s service providers.
9. An individual who receives DDS case management services and who is enrolled in Medicaid shall have his or her relevant information, including Medicaid number, entered into the “Benefits” screen of DDS’s automated data system by his or her case manager. The case manager shall monitor the “Client Medicaid Operations” screen on a regular basis to confirm the individual’s Medicaid status. Any questions or concerns that the case manager may have about an individual’s Medicaid status shall be communicated to the DDS Medicaid Waiver Unit.

1. The case manager shall document all services provided to an individual in the Electronic Case Note System. This documentation shall be done as soon as possible after a service has been provided or the contact with the individual has been completed. All case notes shall be entered not later than 10 days after the end of the calendar month in which the service was provided or the contact occurred. (See the “Electronic Case Note System Training Manual for Case Management” for details on use of the system.)
2. The case management supervisor shall monitor the case manager’s case notes in the Electronic Case Note System on a monthly basis to ensure that an individual’s information has been entered correctly and is up-to-date.

###### References

1. Section [17-134d-82](https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/%7B3EEDD653-7D62-477D-B96E-4CC03BC98D93%7D) of the Regulations of Connecticut State Agencies
2. I.C.1.PO.002 [Individual Planning](http://www.ct.gov/dds/lib/dds/dds_manual/ic1/ic1po002_indivplng_policy.pdf)
3. I.C.1.PR.002.a [Components of an Individual Plan](http://www.ct.gov/dds/lib/dds/dds_manual/ic1/ic1pr002a__indivplancomponents_revised.pdf)
4. I.C.1.PR.001.d [Automated Data System Maintenance](http://www.ct.gov/dds/lib/dds/dds_manual/ic1/ic1pr001_d_autodatasyst.pdf)
5. Electronic Case Note Training Manual for Case Management
6. **Attachments**

None