

# **DDP 0208 DD Comprehensive Waiver Service Definitions**

**Effective 7/1/13**

## **34. WCCM- Waiver-funded Children's Case Management**

Waiver funded children's case management (WCCM) services are services furnished to assist individuals in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance: Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include:

- Taking client history;
- Identifying the individual's needs and completing related documentation; and
- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals;
- and identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

- to help an eligible individual obtain needed services including activities that help link an individual with medical, social, educational providers or
- other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

**Monitoring and follow-up activities:**

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or
- individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities. Billing for services is limited to a maximum of 60 days prior to the HCBS placement, and provider reimbursement follows waiver enrollment.

Level of care activities: Case management is responsible for assisting the Department, as requested, in scheduling meetings and providing information as requested to Department staff responsible for completing initial and ongoing level of care activities. Crisis Supports: Case management will provide assistance to the individual and family, as

necessary, in locating suitable alternative placement when the individual's health or safety is at risk.

**Limitations:** Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- Activities integral to the administration of foster care programs;
- Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Waiver-funded children's case management services are available to persons from 0 through 21 years of age, inclusive.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.