DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 1 — 0 1

2. STATE: NC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

ection 1915(g)(1)

7. FEDERAL BUDGET IMPACT:
a. FFY '00-'01 $ 3,749,332.00
b. FFY '01-'02 $ 3,497,967.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 1 to Supplement 1 of Attachment 3.1-A, Part E

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 1 to Supplement 1 of Attachment 3. 3.1-A, Part E

10. SUBJECT OF AMENDMENT:

Targeted Case Management Services-Individuals with Developmental Disabilities

VERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
not required

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Carmen Hooker Buell

14. TITLE:
Secretary

15. DATE SUBMITTED:
March 30, 2001

16. RETURN TO:

Office of the Secretary
Department of Health & Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 30, 2001

18. DATE APPROVED:
May 16, 2001

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Eugene A. Crosser

22. TITLE:
Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

FORM HCFA-179 (07-92)

Instructions on Back

Case Management Services
Individuals with Developmental Disabilities

A. Target Group

Individuals with developmental disabilities for whom Medicaid case management services may be provided must meet the following criteria:

1. Children less than three years of age who are at risk for developmental delay/disability, social-emotional disorder or a severe chronic illness (conditions which would pre-dispose a child to severe chronic illness).

2. Children less than five years of age who have a diagnosed developmental delay, social-emotional disorder or severe chronic illness (a physical condition which is likely to continue indefinitely, interferes with daily routine, and requires extensive medical intervention and extensive family management).

3. Case management under this proposal will not be provided to home and community-based waiver participants nor institutionalized persons.

D. Definition of Services

Case management services include:

1. Assessment and periodic reassessment to determine types and amounts of services needed;

2. Development and implementation of an individualized case management service plan with the client;

3. Consistent with SSA 1902(a)(23), coordination and assignment of responsibilities among staff and service agencies; and

4. Monitoring and follow-up to ensure that services are received and are adequate for the client's needs.