

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

CASE MANAGEMENT SERVICES

A. Target Group:

Persons with mental retardation who are unable to access needed medical, social, educational and other services because of adaptive deficits due to their level of handicap. Individuals who lack the active assistance of a family member or other interested person to assist them in accessing needed services. These individuals may reside with their natural families, in individualized residential settings, or licensed and unlicensed community care homes, which do not receive funding from Medicaid.

B. Areas of the State in Which Services Will be Provided:

- Entire State
- Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide)

C. Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

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Effective Date: 07/01/94

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CASE MANAGEMENT SERVICES (Continued)

D. Definition of Services:

Purpose - The purpose of case management is to assist individuals in gaining access to needed medical, social, educational, and other services. Emphasis will be placed on assisting individuals in accessing services which are non-Medicaid in nature.

Services -

1. Community Integration: Developing increased opportunities for community access and involvement, including, but not limited to: community living skills teaching, vocational, civic, and recreational services to reduce reliance on federally-funded programs.
2. Service Coordination/Referral: Activities required to link the client/family to services specified in the Individual Program Plan; consultation to providers, development of mutual/natural support systems, and facilitate access to community activities and services.
3. Monitoring: Assuring that the client/family is receiving services and that services continue to be needed and appropriate. This includes the client's/family's evaluation of services and evaluation of progress toward meeting objectives of the service plan.
4. Advocacy: Activities with the client/family and providers for the purpose of gaining access to needed services and entitlements and modifying service systems to increase accessibility and appropriateness for people with mental retardation.

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E. Qualifications of Providers:

Qualified professional staff is any person who, based on their education, training and experience, is approved by the Executive or Mental Retardation Director of a community mental health center or the Director of the state Division of Mental Retardation.

F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the Plan.

G. Duplication of Payments:

Payment for case management services under the Plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

H. Authority:

The single state agency, The Agency of Human Services, retains all authority to designate appropriate case management providers.

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