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<th>Service Definition</th>
<th>Mental Health Targeted Case Management</th>
<th>Intensive Mental Health Targeted case Management</th>
<th>Case Management 65E-15 FAC</th>
<th>FACT</th>
<th>Developmental Disabilities Waiver</th>
<th>Assisted Living Waiver</th>
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<td>Mental health targeted case management services assist recipients in gaining access to needed financial and insurance benefits, employment, medical, social, education, assessment of functional abilities and needs, and other services. These supportive services include working with the recipient and the recipient’s natural support system to develop and implement the recipient’s service plan. They also include follow-up to determine the status of the recipient’s services, and the effectiveness of activities related to the successful implementation of the service plan toward enhancing the recipient’s inclusion in the community.</td>
<td>Intensive case management team services provide team case management to adults with serious and persistent mental illness to assist the recipient to remain in the community and avoid institutional care. Intensive team case managers coordinate needs assessment, services planning, and provide service oversight.</td>
<td>Case management services are intended to assist individuals in obtaining the formal and informal resources that they need to successfully cope with the consequences of their illness. Resources may include treatment or rehabilitative or supportive interventions by both formal and informal providers. Case management may include an assessment of client needs; intervention planning with the client, his or her family, and service providers; linking the client to needed services; monitoring service delivery; evaluating the effect of services and supports; and advocating on behalf of the client. A priority client is on FACT teams are self-contained clinical teams that assume responsibility for directly providing the majority of needed treatment, rehabilitation and support services to individuals served. Each team serves 100 individuals. It minimally refers persons served to outside service providers and provides services on a longer-term care basis with continuity of caregivers over time. Graduation to a less intensive service provider is encouraged as appropriate. Teams are required to deliver the majority of their services outside program offices. Emphasis is placed on individual preferences, choice, outreach,</td>
<td>Support Coordination Support coordination is the service of advocating, identifying, developing, coordinating and accessing supports and services on behalf of a recipient, or assisting the recipient or family to access supports and services on their own. These services may be provided through waiver and Medicaid State Plan services, as well as needed medical, social, educational, other appropriate services, and community resources regardless of the funding source through which access is gained. The waiver support coordinator is responsible for assessing a recipient’s needs, preferences and future goals</td>
<td>Case Management Case managers begin the assessment process for applicants for entry into the AL waiver program and provide ongoing case management oversight of the recipient’s care in the ALFs. Case management is a service that provides the AL waiver recipient with a case manager who will identify, organize, coordinate, and monitor the services needed by the recipient. The case manager also assists the recipient to access needed services.</td>
<td>Case management services contribute to the coordination and integration of care delivery through the ongoing monitoring of services as prescribed in each enrollee’s care plan. Case management services facilitate enrollees gaining access to needed medical, social, and educational services regardless of the funding source for the services.</td>
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## Comparison of Case Management Services for ALF Residents

| Who Can Receive | Recipients age 18 years and older.  

The following Medicaid recipients may receive mental health targeted case management for up to a maximum of 30 days without meeting the eligibility criteria for a specific target group:  
• A recipient who has been referred by Medicaid's |
|---|---|
| active status when:  
(a) The client agrees to receive case management services, and  
(b) The client has more than one service plan goal not pertaining to medication management or the client has fewer service plan goals but where, as determined during service planning, face-to-face contact between the case managers and the client is to occur at a frequency of at least once a month. |
| relationship-building, and individualization of services. |
| (outcomes). From that information, the waiver support coordinator assists the recipient in developing a support plan and cost plan. |
| Recipients age 18 years and older.  
In order to be certified to receive intensive case management team services, documentation must be provided in the recipient’s case record, indicating that the recipient:  
• A recipient who has been referred by Medicaid’s |
| Recipients of any age who qualify as a priority client.  
Priority clients are:  
1. Persons of all ages with one of the following characteristics are priority clients:  
   a. Persons who are being admitted to a state facility or are awaiting admission to a state |
| Age is Not restricted; Recipients generally age 18 years and older.  
Must have a diagnosis of schizophrenia or other psychotic disorder, mood disorder, anxiety disorder or personality disorder.  
Must meet one of the |
| Developmental Disabilities Waiver Support Coordination  
This service is available to all waiver recipients ages 3 and up. |
| Assisted Living Waiver Case Management  
This service is required for all recipients who are enrolled in AL waiver.  
Recipients age 18-59. |
| Nursing Home Diversion Waiver Case Management  
To be eligible for services under this contract, an individual must:  
- Be 65 years of age or older.  
- Have Medicare Parts A & B as reflected in the Florida Medicaid Management |
Comparison of Case Management Services for ALF Residents

- A recipient who has been admitted to an inpatient psychiatric unit;
- A recipient who has been admitted to an inpatient psychiatric unit; or
- A recipient who has been identified by Medicaid’s contracted utilization management services vendor as high risk.

In order to be certified to receive adult mental health targeted case management services, documentation must be provided in the recipient’s case record indicating that the recipient:

1. Is enrolled in a Department of Children and Families adult mental health target population;
2. Meets at least one of the following requirements:
   a. Has resided in a state mental health treatment facility for at least six months in the past 36 months;
   b. Resides in the community and has had two or more admissions to a state mental health treatment facility in the past 36 months;
   c. Resides in the community and has had three or more admissions to a crisis stabilization unit (CSU), short-term residential facility (SRT), or inpatient psychiatric unit, or any combination of these facilities within the past 12 months; or
   d. Resides in the community and, due to a mental illness, exhibits behavior or symptoms that could result in hospitalization;
   e. Persons who have moved into the district from a district where they had been receiving CCMS case management;
   f. Persons who are at risk of institutionalization or incarceration for mental health reasons;
   g. Persons who have been discharged from a state treatment facility;
   h. Persons who are experiencing long-term or serious acute following:
      - Demonstrate a high risk for hospital admission or readmission;
      - Have prolonged inpatient days (more than 90 days within one calendar year);
      - Have repeated (more than three (3) episodes per calendar year) local criminal justice involvement;
      - Have been referred for aftercare services by one of the state’s correctional institutions; inpatient detoxification unit and documented history of co-occurring disorders; or
      - Have repeated (more than 3 admissions within one calendar year) crisis stabilization contacts

64 classified by Social Security with a disability
Recipients age 65 and up.

Information System (FMMS).
- Be Medicaid eligible with incomes up to the Institutional Care Program (ICP) level.
- Reside in the project service area.
- Be determined by CARES to be at risk of nursing home placement and meet one or more of the following clinical criteria:
  a. Require some help with five or more activities of daily living (ADLs); or
  b. Require some help with four ADLs plus requiring supervision or administration of medication; or
  c. Require total help with two or more ADLs; or
  d. Have a diagnosis of Alzheimer’s disease or another type of dementia and require assistance or supervision with three or more ADLs;
Comparison of Case Management Services for ALF Residents

2. Has a mental health disability (i.e., severe and persistent mental illness) which requires advocacy for and coordination of services to maintain or improve level of functioning;

3. Requires services to assist in attaining self-sufficiency and satisfaction in the living, learning, work and social environments of choice;

4. Lacks a natural support system with the ability to access needed medical, social, educational and other services;

5. Requires ongoing assistance to access or maintain needed care consistently within the service delivery system;

6. Has a mental health disability (i.e., severe and persistent mental illness) which requires advocacy for and coordination of services to maintain or improve level of functioning;

in long-term hospitalization if frequent interventions for an extended period of time were not provided; or

3. The recipient has relocated from a DCF district or region where he was receiving mental health targeted case management services, the recipient does not need to meet the above.

episodes of mental impairment that may put them at risk of requiring more intensive services.

2. When case management resources are inadequate to meet the demand, the district administrator shall develop client specific criteria to determine which from among this group shall not be offered CCMS case management. However, all individuals who are priority clients because they meet criteria under paragraphs 65E-15.031(1)(a)-(c), (e), (g), F.A.C., must be offered case management.

the range of practical daily living tasks

- Inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role

- Inability to maintain a safe living situation

- Coexisting substance use disorder of significant duration (greater than six months) or coexisting mild mental retardation;

- Destructive behavior to self or others;

- High-risk or recent history of criminal justice involvement (arrest and incarceration).

or have a diagnosis of a degenerative or chronic condition requiring daily nursing services; or

Have a diagnosis of a degenerative or chronic condition requiring daily nursing services.

Be determined by CARES to be a person who, on the effective date of enrollment, can be safely served with home and community-based services.
### Comparison of Case Management Services for ALF Residents

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<td>Persistent mental illness duration that, based upon professional judgment, will last for a minimum of one year; 7. Is not receiving duplicate case management services from another provider; 8. Meets at least one of the following requirements (check all that apply): a. Is awaiting admission to or has been discharged from a state mental health treatment facility; b. Has been discharged from a mental health residential treatment facility; c. Has had more than one admission to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities in the past 12 months; d. Is at risk of</td>
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**Comparison of Case Management Services for ALF Residents**

| institutionalization for mental health reasons (provide explanation); e. Is experiencing long-term or acute episodes of mental impairment that may put him or her at risk of requiring more intensive services (provide explanation); or 9. Has relocated from a Department of Children and Families district or region where he or she was receiving mental health targeted case management services. |   |   |   |   |
| Who Can Provide | Medicaid enrolled Targeted Case Management providers (provider type 91) who are certified to provide Mental Health Targeted Case Management services. | Medicaid enrolled Targeted Case Management providers (provider type 91) who are certified to provide Intensive Mental Health Targeted Case Management services. | Case managers have a minimum of a bachelor's degree with major course work in a human services field or equivalent training and experience on a year for year basis in a related field. | The Department of Children and Families maintain performance contracts with providers that they select to deliver FACT services. These providers deliver FACT services to both Medicaid and non-Medicaid eligible clients. | Developmental Disabilities Waiver Support Coordination Each support coordinator must enroll as a provider, Developmental Disabilities Waiver Services whether a solo or individual provider, or whether employed by an agency or group provider. A waiver support coordinator is selected by the recipient enrolled in the waiver (or his guardian or guardian advocate). | Assisted Living Waiver Case Management In addition meeting the general Medicaid provider qualifications contained in Chapter 2 of the Florida Medicaid Provider General Handbook the case management agency must have one of the following unless case management is provided by DOE or DCF staff: -A referral agreement with an Area Agency on Aging for Department of Elder Affairs (DOEA). -A referral agreement and contract to provide case management through the Community Care of the Elderly (CCE) program | Nursing Home Diversion Waiver Case Management The contractor will provide this service directly and the ratio of enrollees to case managers shall be appropriate to support the needs of the enrollees. |
| Limitations | 344 quarter hour units per month | $12.00 per quarter hour unit | 48 quarter hour units per month | $12.00 per quarter hour unit | Limits determined by negotiated contract $63.21 per staff hour | The staff hour unit measure represents the actual time a staff person is available at the work site to perform assigned tasks. Staff hour units shall be paid on the basis of availability. | These recipients cannot be enrolled in managed care. $1,213,930 per team or $12,139 per person per year. | Developmental Disabilities Waiver Support Coordination Case management services provided in addition to waiver services are not Medicaid reimbursable. Full coordination: $125.71 per month Limited coordination: $62.86 per month Transitional support: $304.22 per month Assisted Living Waiver Case Management There can only be one case manager for an AL recipient. If a recipient age 18 to 59 years of age has a DCF placement worker, the AL case manager must be designated as the sole case manager when the recipient becomes an AL waiver recipient. $100 per month | Nursing Home Diversion Waiver Case Management Additional case management services provided in addition to waiver services are not Medicaid reimbursable. Cost is built into the monthly capitation. |
Comparison of Case Management Services for ALF Residents

Medicaid will not reimburse for the following Mental Health Targeted or Intensive case management Services:

- Services provided by more than one case manager to the same recipient on the same date of service except in those cases described under “exceptions to a single targeted case manager per recipient.”
- Direct therapeutic medical or clinical services (e.g., checking blood pressure, measuring height and weight, or providing psychotherapy).
- Administrative functions (e.g., checking recipient eligibility or clerical duties).
- Services provided to Medicaid recipients enrolled in the Florida Assertive Community Treatment (FACT) program funded through Medicaid administrative matching.
- Services provided to recipients who are enrolled in a home and community-based services waiver program, except for the Model Waiver.
- Services provided to recipients who are in nursing facilities, state mental health treatment facilities, county jails, prisons, detention centers, other secure residential correction facilities, or intermediate care facilities for the developmentally disabled.
- Internal supervision between the mental health targeted case management supervisor and the mental health targeted case manager.
- Services provided to a recipient who does not have a written assessment and current service plan.
- Unsuccessful attempts to contact the recipient, e.g., a home visit when the recipient is not at home, a phone call when the recipient does not answer, or leaving a message on voice mail, e-mail, or an answering machine.
- Services that overlap with or are duplicative of mental health targeted case management services provided to the recipient by the same agency or by any other agency. All Medicaid case managers associated with a recipient must coordinate with each other to ensure non-duplication of services.
- Services where a targeted case manager simply being present during a face-to-face therapeutic activity.
- Transporting recipients.
- Travel time.