

5160-27-10**Substance use disorder targeted case management.**

(A) Targeted case management assists an individual within the eligible target population to gain access to needed medical, social, educational and other services.

(1) Targeted case management services shall include, at a minimum, the following activities:

(a) Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. 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 to form a complete assessment of the eligible individual.

(b) Development and periodic revision of a specific care plan that is based on the information gathered through the assessment. The care plan must include the following requirements:

(i) Goals and actions to address the medical, social, educational and other services needed by the individual; and

(ii) A plan to ensure the active participation of the eligible individual and or their authorized health care decision maker; and

(iii) A course of action to respond to the assessed needs of the eligible individual.

(c) Referral and related activities to help the eligible individual obtain needed services

(d) Monitoring and follow-up activities or contacts that are necessary to ensure that the care plan is implemented and adequately addresses the eligible individual's needs. Changes in needs or status must be reflected in the care plan. Monitoring shall be performed no less frequently than annually. Monitoring may be performed in person or by electronic communication.

(B) In order to provide targeted case management, practitioners must meet the requirements in paragraph (A)(6) of rule 5160-27-01 of the Administrative Code. For the purposes of this rule, the following unlicensed practitioners are excluded: qualified mental health specialists and peer recovery supporters.

(C) The following activities or contacts do not constitute targeted case management and are ineligible for reimbursement as targeted case management:

- (1) Transportation.
- (2) Waiting with an individual for appointments at social service agencies, court hearings and similar activities does not, in and of itself, constitute case management.
- (3) Direct services to which the client has been referred such as medical, educational or social services.
- (4) Internal quality assurance activities, such as clinical supervisory activities and/or case review/staffing sessions.
- (D) Targeted case management services will not be separately reimbursed when a recipient is enrolled in a substance use disorder (SUD) residential treatment facility.
- (E) Targeted case management services require prior authorization from the Ohio department of medicaid (ODM) designated entity when a recipient is enrolled in an assertive community treatment (ACT) or intensive home based treatment (IHBT) team.
- (F) Providers shall adhere to documentation requirements set forth in rules 5160-01-27 and 5160-8-05 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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