


# OFFICE OF DEVELOPMENTAL PROGRAMS BULLETIN

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| <b>ISSUE DATE</b><br>March 1, 2022   | <b>EFFECTIVE DATE</b><br>March 1, 2022 | <b>NUMBER</b><br>00-22-01   |
| <b>SUBJECT</b><br>Targeted Support Management for Individuals Served by the Office of Developmental Programs |  | <b>BY</b><br><br>Kristin Ahrens,<br>Deputy Secretary for Developmental Programs |

## SCOPE:

Individuals and Families  
Providers of Targeted Support Management (TSM)  
County Mental Health/Intellectual Disability (MH/ID) Programs  
Administrative Entity (AE) Administrators and Directors  
County Assistance Office Executive Directors

## PURPOSE:

The purpose of this bulletin is to communicate and clarify the requirements for TSM that were approved by the Centers for Medicare and Medicaid Services (CMS). Changes to TSM discussed in this bulletin include:

- Expansion of TSM services, effective August 20, 2017, to individuals with autism.
- Expansion of TSM services, effective July 1, 2021, to children age 8 or younger with a developmental disability who are eligible for Medical Assistance (MA) and who have been determined to need an Intermediate Care Facility for Other Related Conditions (ICF/ORC) level of care.
- Expansion of TSM services, effective July 1, 2021, to individuals age 0 through 21 with a medically complex condition which is a chronic health condition that affects three or more organ systems, and that the individual requires medically necessary skilled nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration or other bodily functions. Individuals must be eligible for MA and have been determined to need an ICF/ORC level of care.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate ODP Regional Program Office

Visit the Office of Developmental Programs Web site at <https://www.dhs.pa.gov/contact/DHS-Offices/Pages/ODP-Bureau-of-Community-Services.aspx>

- Clarification regarding the use of the LifeCourse framework and tools.
- Clarification of expected assessment activities and the development of the Individual Support Plan (ISP).
- Addition of enhanced qualification requirements for TSM providers and Targeted Support Manager Supervisors.
- Clarification that individuals who are enrolled in and receiving case management services under any Home and Community-Based Services (HCBS) program administered via an 1115, 1915(b) and (c), or 1915(a), (b) or (c) waiver are not eligible to receive TSM.

## **BACKGROUND:**

Targeted Case Management (also called TSM) is an optional state plan service included in Pennsylvania's MA State Plan. A MA State Plan is an agreement between a state and the federal government describing how that state administers its Medicaid program. It gives an assurance that a state will abide by federal rules and may claim federal matching funds for its program activities. The MA State Plan sets out groups of individuals to be covered, services to be provided, the rate setting and payment methodology, and administrative activities.

Attachment 1 contains the approved pages of Pennsylvania's MA State Plan Amendment regarding TSM.

## **DISCUSSION:**

TSM is a valuable service that assists individuals with creating a vision of how they want to live an everyday life now and in the future. It includes planning for how to achieve that vision. TSM also helps individuals gain access to needed medical, social, educational, and other services. The purpose of TSM is to promote an individual's right to an everyday life utilizing person centered planning and self-determination principles.

### **Eligibility for TSM**

Individuals must be determined eligible prior to receiving TSM. County MH/ID programs are responsible for confirming eligibility for individuals who have:

- an intellectual disability.

The Administrative Entity (AE) is responsible for confirming eligibility for individuals who have:

- autism,
- a developmental disability and are age 8 or younger, or
- a medically complex condition and are age 0-21.

All individuals who receive TSM must:

- be eligible for MA as determined by the County Assistance Office (CAO),

- not be enrolled in a waiver program that provides case management/supports coordination services; and
- reside in a community setting.

The county MH/ID program or the AE must verify that the individual is eligible for MA by accessing either the Eligibility Verification System (EVS) or eCIS (electronic Client Information System), if the county MH/ID program or AE has access to this system. For more information on how to use EVS, please view Provider Quick Tips #11, “Eligibility Verification System.” EVS provides the individual’s eligibility status, category of assistance, program status code, and the number of the HealthCare Benefits Package (HCBP) under which the individual is covered for the specific date of service. The county MH/ID program or AE should refer to the HCBP Provider Reference Chart (Form MA 446) to verify whether the TSM service is a covered service for the individual. The MA 446 may be found by accessing Medical Assistance bulletin 99-18-01, “Revised Health Care Benefit Packages Provider Reference Chart (MA 446)”. For information on eCis, please refer to ODP Announcement 20-017, “Business Partner Access – eCIS Transition Planning – User Materials”. The ODP Announcement and the eCIS User Guide for Office of Developmental Programs (ODP) may be found on MyODP.org.

The county MH/ID program or AE must determine if the individual is residing in a community setting. For the purposes of initial eligibility and ongoing eligibility for TSM, community settings are different than waiver community settings covered under the CMS Home and Community-Based Services regulations, which are also referred to as the Federal HCBS Rule. Eligible TSM community settings include the following regardless of the number of people served at that setting:

- private homes
- residential settings, including any of the following that solely serve children:
  - facilities licensed under 55 Pa. Code Chapter 6400
  - facilities licensed under 55 Pa. Code 5310
  - facilities licensed under 55 Pa. Code Chapter 3800
- personal care boarding homes
- residential treatment facilities
- campus-based residential settings

The following settings are not considered a community setting for the purpose of an individual being eligible for TSM:

- nursing facilities
- hospitals
- institutions for mental disease
- public and private intermediate care facilities for individuals with an intellectual disability (ICFs/ID)
- correctional facilities

The county MH/ID program or AE must also verify that the individual is not enrolled in a waiver program. An individual who is enrolled in a HCBS program administered via an 1115, 1915(b) and (c),

or 1915(a), (b) or (c) waiver may not receive TSM as the individual receives case management or supports coordination services through the waiver program, with the following exceptions:

- Individuals who receive physical health (PH) services and/or behavioral health (BH) services in the HealthChoices Program (PH-MCOs and BH-MCOs).
- Individuals enrolled in Community HealthChoices who are receiving long-term services and supports are not eligible for TSM because these individuals are receiving case management services through Community HealthChoices. Individuals who are **ONLY** receiving physical health services through Community HealthChoices and nursing facility ineligible but are dually enrolled in Medicare and Medicaid may be eligible for TSM.
- Children enrolled in a 1915(c) waiver administered by the Office of Child Development and Early Learning (OCDEL), known as the Infant, Toddlers and Families Waiver, may receive TSM because they do not receive case management or supports coordination through the waiver.
  - To reduce duplication of services, children enrolled in the Infant, Toddlers, and Families Waiver or receiving Infant/Toddler Early Intervention service coordination in OCDEL may receive TSM to complete only the following activities:
    - Completion of the Prioritization of Urgency of Need for Services (PUNS)<sup>1</sup> instrument.
    - Completion of an initial assessment and annual assessment if one is not completed or available from the Early Intervention service coordinator.
    - Planning for transitions from congregate settings.
    - Completion of an ISP.
    - Coordinating with the Early Intervention service coordinator to obtain needed information. (Please refer to the section titled *Additional considerations for children who receive Early Intervention services from the Office of Child Development and Early Learning.*)

As part of the eligibility determination for TSM, at least one of the following standardized assessments of adaptive functioning are required:

- Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson); or
- Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson).

*Eligibility for TSM for an Individual with an Intellectual Disability (ID)*

The individual must be determined to have an ID as determined by the county MH/ID program in accordance with ODP’s current policy. ODP’s current policy can be found in ODP Bulletin 4210-02-05, “Clarifying Eligibility for Intellectual Disability Services and Supports”.<sup>2</sup> The eligibility criteria for ID services found in 55 Pa. Code § 4210.101a, “Clarification of eligibility determinations – statement of policy,” are as follows:

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<sup>1</sup> Information about PUNS may be found in ODP Bulletin 00-19-03, “Prioritization of Urgency of Need for Services (PUNS) Manual”.

<sup>2</sup> The term “mental retardation” has been replaced, where possible, in this document. See the Act of November 22, 2011 (P.L. 429, No. 105) and Rosa’s Law (P.L. No. 111-256). Please note that ODP Bulletin 4210-02-05, until revised and replaced, still contains the term “mental retardation.”

1. The essential feature of an intellectual disability is significantly subaverage general intellectual functioning that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. The onset must occur before the individual's 22nd birthday.
2. Except as specified below in the section titled, *Special Circumstances for Level of Care Evaluation or Re-Evaluations*, significantly subaverage general intellectual functioning shall be determined by a standardized, individually administered, intelligence test in which the overall full-scale IQ score of the test are at least two standard deviations below the mean, taking into consideration the standard error of measurement for the test.<sup>3</sup> The full-scale IQ shall be determined by the verbal and performance IQ scores.
3. Diagnosis of an intellectual disability is made by using the IQ score, adaptive functioning scores, and clinical judgment when necessary. Clinical judgment is defined as reviewing the individual's test scores, social and medical history, overall functional abilities, and any related factors to make an eligibility determination. Clinical judgment is used when test results alone cannot clearly determine eligibility. The factors considered in making an eligibility determination based on clinical judgment shall be decided and documented by a licensed psychologist, a certified school psychologist, a licensed physician, including a developmental pediatrician, or a psychiatrist. In cases when individuals display widely disparate skills or achieve an IQ score close to 70, clinical judgment should be exercised to determine eligibility for intellectual disability services.
4. If eligibility cannot be determined through a review of the individual's record and social history, necessary testing (e.g., adaptive functioning) shall be completed by a licensed psychologist, a certified school psychologist, a psychiatrist, or a licensed physician, including a developmental pediatrician. This includes determining the eligibility for an individual who is 22 years of age or older, has never been served in the intellectual disability service system, and has no prior records of testing. Clinical judgment may be used to determine whether the age of onset of an intellectual disability occurred prior to the individual's 22nd birthday.

#### Eligibility for TSM for an Individual with Autism

The individual must have a diagnosis of autism and need an ICF/ORC level of care. This determination is made by the AE in accordance with this bulletin and the AE Operating Agreement.

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<sup>3</sup> Individuals with an intellectual disability have scores of approximately two standard deviations or more below the population mean, including a margin for measurement error (generally +5/- points). On tests with a standard deviation of 15 and a mean of 100, this involves a score of 65 to 75 (70 +/- 5). Clinical training and judgement are required to interpret test results and assess intellectual performance. Diagnostic and Statistical Manual of Mental Disorders (Am. Psychiatric Ass'n 5th ed.) (2013).

An individual with a diagnosis of autism must meet four criteria to be determined eligible for an ICF/ORC level of care:

1. The individual must have a diagnosis of autism based on the results of a diagnostic tool. To meet this requirement, a licensed psychologist, certified school psychologist, psychiatrist, licensed physician, including a developmental pediatrician, licensed physician's assistant, or certified registered nurse practitioner must certify that the individual has autism as documented in a diagnostic tool.<sup>4</sup>
2. The Qualified Developmental Disability Professional (QDDP) needs to certify that the individual has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning<sup>5</sup> which shows that the individual has significant limitations in meeting the standards of maturation, learning, personal independence, or social responsibility of the individual's age and cultural group. As part of the review of eligibility for TSM, a QDDP who meets the criteria established in 42 CFR § 483.430(a) must certify that the individual has impairments in adaptive functioning based on the results of an assessment of adaptive functioning which shows that the individual has substantial adaptive skill deficits in three or more of the following areas of major life activity:
  - Self-care;
  - Understanding and use of language;
  - Learning;
  - Mobility;
  - Self-direction; and
  - Capacity for independent living.
3. Documentation that substantiates that the individual's autism and substantial adaptive skill deficits manifested during the developmental period, which is from birth prior to the individual's 22nd birthday<sup>6</sup> (please see *Determining Substantial Adaptive Skill Deficits for Individuals with Autism* section below).
4. Documentation of a current medical evaluation performed by a licensed physician, physician's assistant, or certified registered nurse practitioner that states the individual is recommended for ICF/ORC level of care or an MA 51 form completed by a licensed physician, physician's assistant, or certified registered nurse practitioner may be submitted to document that the

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<sup>4</sup> The diagnosis of autism is based on testing across multiple areas. While there is no one test to diagnose autism, the diagnosis is based on testing that indicates impairment present in early childhood and limits on social, adaptive, or occupational functioning due to core deficits in: a) reciprocal social communication and social interactions, and b) restricted, repetitive patterns of behavior, interests, or activities.

<sup>5</sup> The initial evaluation to determine eligibility does not have to include a Supports Intensity Scale (SIS) assessment for individuals with autism or individuals 14 years and older who have a medically complex condition.

<sup>6</sup> For individuals who are age 22 or older who have no prior records of testing, clinical judgment may be used to determine whether the age of onset of autism disorder and adaptive functioning deficits occurred prior to the individual's 22nd birthday. Necessary testing for adaptive functioning would still need to occur.

individual is recommended for an ICF/ORC level of care. The date of the medical evaluation or the MA 51 must be within 365 days of the QDDP's review of eligibility for TSM.

Documentation of the results of the diagnostic tool and the assessment of adaptive functioning shall include a statement by the certifying practitioner as to whether the results indicate that the individual has autism.

If there is no documentation of completion of a diagnostic tool or an assessment of adaptive functioning for the individual, the AE will provide the individual with a list of resources that can assist with obtaining the necessary diagnostic tool or assessment. If it is unclear from existing documentation that an individual has substantial adaptive skill deficits in three or more areas of major life activity, the AE should assist the individual with obtaining a second review of existing documentation to receive a second opinion.

The AE is responsible for completing the DP 250,<sup>7</sup> "Certification of Need for ICF/ID or ICF/ORC Level of Care" (Attachment 2) for individuals who have a diagnosis of autism. When the individual is eligible for TSM, the AE will notify the individual, persons designated by the individual, or a surrogate if one has been chosen or appointed, of the results of the evaluation review by sending the DP 250 and the notification letter.<sup>8</sup>

#### *Determining Substantial Adaptive Skill Deficits for Individuals with Autism*

In order to determine if an individual has substantial adaptive skill deficits in any of the six areas of major life activity, the QDDP will review the Vineland Adaptive Behavior Scales (Vineland) or Adaptive Behavior Assessment System (ABAS) scores:

- If the individual's assessment scores are two standard deviations below the mean in at least three of the six areas of major life activity, the individual has met substantial adaptive skill deficits required to receive TSM.
- If the individual's assessment scores are not two standard deviations below the mean in at least three of the six areas of major life activity and the individual has an IQ of 85 or above, the QDDP will review the individual's assessment scores using one standard deviation below the mean to determine if the individual has met the standard in at least three of the six areas of major life activity.

#### *Eligibility for TSM for a Child Age 8 or Younger with a Developmental Disability*

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<sup>7</sup> Please note that completion of the DP 250 is not required when determining eligibility for TSM for an individual with an Intellectual Disability.

<sup>8</sup> ICF/ORC Level of Care Evaluation or Re-Evaluation notification letters that are sent to the individual are found on MyODP.org and are referenced in ODP Bulletin 00-19-04, "Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers".

The child must have a diagnosis of developmental disability and need an ICF/ORC level of care. This determination is made by the AE in accordance with this bulletin and the AE Operating Agreement.

A child with a diagnosis of developmental disability must meet four criteria to be determined eligible for an ICF/ORC level of care:

1. A licensed psychologist, certified school psychologist, licensed physician, including a developmental pediatrician or psychiatrist, licensed physician's assistant or certified registered nurse practitioner must certify that the child has a developmental disability, which is defined as a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in an intellectual disability or autism, which is likely to continue indefinitely and is documented by the results of a diagnostic tool.<sup>9</sup>
2. A QDDP who meets the criteria established in 42 CFR § 483.430(a) must certify that the child has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning which shows that the individual has substantial adaptive skill deficits in three or more of the following areas of major life activity:
  - Self-care;
  - Understanding and use of language;
  - Learning;
  - Mobility;
  - Self-direction; and
  - Capacity for independent living.
3. The child is 8 years of age or younger.
4. Documentation of a current medical evaluation performed by a licensed physician, physician's assistant, or certified registered nurse practitioner that states the individual is recommended for ICF/ORC level of care or an MA 51 form completed by a licensed physician, physician's assistant, or certified registered nurse practitioner may be submitted to document that the individual is recommended for an ICF/ORC level of care. The date of the medical evaluation or the MA 51 must be within 365 days of the QDDP's review of eligibility for TSM.

Children determined to have a developmental disability prior to the age of 9 must be re-evaluated annually for the ICF/ORC level of care. By the age of 9, children must be determined eligible for TSM based on either a diagnosis of intellectual disability or autism.

If there is no documentation of completion of an assessment of adaptive functioning for the child, the AE will provide the child's parents or guardian with a list of resources that can assist with obtaining the necessary assessment. If it is unclear from existing documentation that a child has substantial adaptive

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<sup>9</sup> Since the DSM-V does not have a diagnosis for Development Disability, the diagnosis of Global Developmental Delay meets the criteria for children 4 years of age or younger.



skill deficits in three or more areas of major life activity, the AE should assist the child's parents or guardian with obtaining a second review of existing documentation in order to receive a second opinion.

The AE is responsible for completing the DP 250, "Certification of Need for ICF/ID or ICF/ORC Level of Care" (Attachment 2) for children who have a diagnosis of developmental disability. When the child is eligible for TSM, the AE will notify the child's parents or guardians, or a surrogate if one has been chosen or appointed, of the results of the evaluation review by sending the DP 250 and the notification letter.

*Eligibility for TSM for an Individual Who is Age 0-21 with a Medically Complex Condition*

The individual must have been certified to have a medically complex condition and need an ICF/ORC level of care. This determination is made by the AE in accordance with this bulletin.

An individual with a medically complex condition must meet four criteria to be determined eligible for an ICF/ORC level of care:

1. A licensed physician, including a developmental pediatrician, licensed physician's assistant or certified registered nurse practitioner must certify that the individual has a medically complex condition which is a chronic health condition that affects three or more organ systems, and that the individual requires medically necessary skilled nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration or other bodily functions. The professional who certifies that an individual has a medically complex condition must provide the diagnostic tools and document the information on form DP 1090 (Attachment 4).
2. A QDDP who meets the criteria established in 42 CFR § 483.430(a) must certify that the individual has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning which shows that the individual has substantial adaptive skill deficits in three or more of the following areas of major life activity:
  - Self-care;
  - Understanding and use of language;
  - Learning;
  - Mobility;
  - Self-direction; and
  - Capacity for independent living
3. The individual is age 0-21 and documentation substantiates that the individual has a medically complex condition and substantial adaptive skill deficits.
4. Documentation of a current medical evaluation performed by a licensed physician, physician's assistant, or certified registered nurse practitioner that states that the individual is recommended for ICF/ORC level of care or an MA 51 form completed by a licensed physician, physician's

assistant, or certified registered nurse practitioner may be submitted to document that the individual is recommended for an ICF/ORC level of care. The DP1090 is a supplement to the MA 51 or the medical evaluation. The date of the medical evaluation or the MA 51 must be within 365 days of the QDDP’s review of eligibility for TSM.

If there is no documentation of completion of an assessment of adaptive functioning for the individual, the AE will provide the individual with a list of resources that can assist with obtaining the necessary assessment. If it is unclear from existing documentation that an individual has substantial adaptive skill deficits in three or more areas of major life activity, the AE should assist the individual with obtaining a second review of existing documentation in order to receive a second opinion.

The AE is responsible for completing the DP 250, “Certification of Need for ICF/ID or ICF/ORC Level of Care” (Attachment 2) for individuals who have a diagnosis of a medically complex condition. When the individual is eligible for TSM, the AE will notify the individual, the parents of children, guardians or surrogates, if applicable, or persons designated by the individual, of the results of the evaluation review by sending the DP 250 and the notification letter.

**Interpretive Guidelines for Standardized Assessments for All Eligibility Determinations**

The chart below automatically calculates standard deviation thresholds for all potential scores typically reported in standardized adaptive assessment.

| POTENTIAL REPORTED SCORE | MEAN | 1 STANDARD DEVIATION CALCULATION | 2 STANDARD DEVIATIONS CALCULATION |
|--------------------------|------|----------------------------------|-----------------------------------|
| Standard Score (1SD= 15) | 100  | ≤ 85                             | ≤ 70                              |
| Scaled Score (1SD= 3)    | 10   | ≤ 7                              | ≤ 4                               |
| v-Scale (1SD= 3)         | 15   | ≤ 12                             | ≤ 9                               |
| Z score (1SD= 1)         | 0    | ≤ -1                             | ≤ -2                              |
| Stanine Score (1SD= 2)   | 5    | ≤ 3                              | ≤ 1                               |
| T score (1SD= 10)        | 50   | ≤ 40                             | ≤ 30                              |

The six areas of major life activity are not captured in a singular standardized assessment. The crosswalk below assists in aligning the six areas of major life activity with the sub-domain areas of the assessment that was completed.

| SIX MAJOR AREAS OF LIFE ACTIVITY | VINELAND            | ABAS      |
|----------------------------------|---------------------|-----------|
| SELF-CARE                        | Personal & Domestic | Self-Care |

|  |  |                                      |
|--|--|--------------------------------------|
| <b>LEARNING</b>                        | NONE                                       | Functional Academics                 |
| <b>COMMUNICATION</b>                   | Receptive, Expressive, & Written           | Communication                        |
| <b>MOBILITY</b>                        | Motor Skills: Gross & Fine Motor           | NONE                                 |
| <b>SELF-DIRECTION</b>                  | Coping                                     | Self-Direction & Health and Safety   |
| <b>CAPACITY FOR INDEPENDENT LIVING</b> | Community, Interpersonal, & Play & Leisure | Social, Community Use, & Home Living |

**Annual Re-Evaluation for ICF/ORC Level of Care<sup>10</sup>**

All individuals with autism, a medically complex condition or a child with a developmental disability are required to have an annual re-evaluation of need for an ICF/ORC level of care to continue to qualify for TSM. Per the AE Operating Agreement, the AE is responsible for re-evaluating an individual’s need for an ICF/ORC level of care based on the evaluation and certification of a QDDP. The first re-evaluation of need for an ICF/ORC level of care is to be made within 365 days of the individual’s initial determination of eligibility for TSM, and subsequent re-evaluations are made within 365 days of the individual’s previous re-evaluation.

The DP 251 form, “Annual Recertification of Need for ICF/ID or ICF/ORC Level of Care” (Attachment 3), should be used to document the results of the re-evaluation. A new 365-day timeframe starts the day after the date of the signature of the AE on the completed DP 251 form.

Individuals who are enrolled with a developmental disability during their 8th year (prior to their 9th birthday) or with a medically complex condition during their 21st year (prior to their 22nd birthday) will be reevaluated to determine whether they meet the criteria for an ID or autism diagnosis using the ICF/ID or ICF/ORC criteria. If they are eligible, they will continue to receive TSM services. If the individual is not eligible, he or she will be referred to other sources for support such as the Office of Children, Youth and Families, the Office of Mental Health and Substance Abuse Services, or Office of Long-Term Living, as applicable.

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<sup>10</sup> When an individual is initially determined eligible for TSM, an annual re-evaluation of need is required to ensure that the individual continues to meet the ICF/ORC level of care. It is not necessary to complete an annual re-evaluation for an individual who has a diagnosis of an intellectual disability.

As a result of the re-evaluation process, the QDDP should sign the notification letter along with the DP 251 to certify that the individual continues to require an ICF/ORC level of care and provide them to the AE for signature. The AE should then notify the individual, the parents of children, guardians or surrogates, if applicable, or persons designated by the individual, and the Targeted Support Manager within 20 calendar days after the DP 251 form is completed and signed. A copy of the completed DP 251 form will be included with the notification letter. The AE must maintain the original DP 251.

The re-evaluation process for individuals with autism and individuals who have a medically complex condition who are 14 years of age and older will only use the standard scores indicated in the Supports Intensity Scale Adult Version™ (SIS-A™) Family Friendly Report, if available. ODP contracts with a vendor to complete the SIS assessment. The SIS assessment is used to evaluate the support needs of the individual. The results of the SIS-A™ S are used to certify that the individual has impairments in adaptive functioning which shows that the individual has substantial adaptive skills deficits in three or more areas of major life activity as described in the *Eligibility for TSM* section of this bulletin. The SIS-A™ assessment is not required to determine initial eligibility for the ICF/ORC level of care. However, the Targeted Support Manager must request a SIS-A™ assessment be completed by the vendor so that the results of the assessment are available to complete the re-evaluation. If the SIS-A™ assessment cannot be scheduled and completed prior to the annual re-evaluation of need for an ICF/ORC level of care, the QDDP must complete the annual re-evaluation using the criteria for determining the initial eligibility for the ICF/ORC level of care.

If the results of the SIS-A™ are available, the QDDP should complete the Level of Care Re-Evaluation Tool along with the DP 251. The re-evaluation process will only use the standard scores indicated in the SIS-A™ Family Friendly Report.

If the SIS-A™ assessment is completed and does not reflect that the individual continues to require an ICF/ORC level of care, the QDDP should review the documentation that was used to complete the initial level of care process to determine whether the individual continues to be eligible for services. **However, a new standardized assessment of adaptive functioning must be completed.** In these circumstances, the AE will request a current medical evaluation which must state that the individual is recommended for ICF/ORC level of care.<sup>11</sup> The AE must maintain the original Level of Care Re-Evaluation Tool. However, a new SIS-A™ assessment should not be requested.

For individuals who do not have a SIS-A™ completed (i.e. children under the age of 14 years and people currently enrolled in TSM without a SIS-A™):

- A SIS-A™ should be requested through the Targeted Support Manager for individuals 14 years of age and older.
- For individuals under the age of 14, the process for determining initial eligibility should be used for the annual re-evaluation. **A new standardized assessment of adaptive functioning must be completed.**

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<sup>11</sup> An annual medical evaluation for all individuals is considered best practice to ensure continued MA eligibility to receive the TSM service.

A SIS-A™ must be requested by the Targeted Support Manager within 60 business days of a TSM provider's acceptance of the referral for individuals who require an ICF/ORC level of care.

### **Special Circumstances for Level of Care Evaluations or Re-Evaluations**

#### 1. The Standardized General Intelligence Test:

Although it is recommended that all individuals be evaluated or assessed, testing may not be appropriate for all individuals. The requirement for a standardized general intelligence test may be waived for an individual who is profoundly intellectually impaired to the extent that the use of standardized measures is precluded. In such a situation, the requirement for the standardized general intelligence test shall be substituted by a written statement from a licensed psychologist, certified school psychologist, or licensed physician, including a developmental pediatrician or psychiatrist, that the individual's inability to be tested is itself a manifestation of significantly sub-average intellectual functioning.

#### 2. The Standardized Assessment of Adaptive Functioning:

When an individual is currently living in an ICF/ID or ICF/ORC and is receiving TSM to transition to a community setting, the individual has been determined eligible for the ICF/ID or ICF/ORC level of care. Therefore, a standardized assessment of adaptive functioning is not required to be completed for an individual who applies to receive TSM services after living in an ICF/ID or ICF/ORC because it was determined that the individual met the level of care requirements. The county MH/ID program or the AE will accept a utilization review completed by a licensed physician, physician's assistant, or certified registered nurse practitioner which affirms the individual's need for an ICF/ID or ICF/ORC level of care. The utilization review must be completed in accordance with 42 CFR Part 456 for individuals in ICFs/ID or ICFs/ORC and be dated within 365 days prior to the county MH/ID program's or AE's determination of need for an ICF/ID or ICF/ORC level of care.

### **Fair Hearing and Appeals for Individuals with an ICF/ORC Level of Care**

If the AE determines that the individual is not eligible for ICF/ORC level of care, the AE must communicate to the individual, the parents of children, guardians or surrogates, if applicable, or persons designated by the individual, that the individual does not meet the ICF/ORC level of care and provide the Fair Hearing Request Form ([DP 458](#) or the [DP 458-S](#)). The AE will send either the applicable DP 250 (initial evaluation) or DP 251 (re-evaluation) and the applicable notification letter(s) to the individual or surrogate within 20 calendar days after the DP 250 or DP 251 form is completed and signed.

If the individual is already receiving TSM, the AE should communicate with the TSM provider so that the TSM service is discontinued unless the individual requests a fair hearing in accordance with the instructions found in the Fair Hearing Request Form.

### **Fair Hearing and Appeals for Individuals with an Intellectual Disability (ICF/ID Level of Care)**

More information regarding appeals and the fair hearing process for individuals with an intellectual disability is contained in ODP Bulletin 00-08-05, “Due Process and Fair Hearing Procedures for Individuals with an Intellectual Disability”.

### **Guidance to the TSM Provider About the Initial Assessment and Annual Assessment of Individual Needs**

An individual’s cultural background, ethnic origin, language, and means of communication should be considered when conducting all evaluations and assessments. The assessor should arrange for interpreters, including communication via sign language, or make accommodations to ensure receptive and expressive communication needs are considered to assist in the evaluation process, as necessary. All efforts to adapt the standardized assessment to the individual's particular visual, motor, or language impairments must be described and documented.

#### *Assessments for adults and children who do not receive Early Intervention services from the Office of Child Development and Early Learning*

County MH/ID programs or AEs must send a referral with the individual’s information to the TSM provider. TSM providers are required to ensure an initial assessment has been completed within 45 days of accepting the referral in ODP’s information system. If the 45-day timeline cannot be met, the Targeted Support Manager must document all activities in service notes so there is a record of attempts that would explain the circumstances that caused the TSM provider to exceed the 45-day requirement. The TSM provider is required to complete an assessment annually or sooner if there is a significant change in need.

The Targeted Support Manager is responsible for performing an initial assessment and annual assessment of individual needs to determine the need for any medical, educational, social, or other services. Assessment refers to the process of identifying needs when a case is opened and annually at the ISP meeting. Currently, there is not a single standardized tool for assessments. The initial and annual assessment is not the ISP. The ISP identifies information about the individual and summarizes the assessment results. Please refer to Section 2 of the ISP Manual that provides details about ODP’s requirements regarding assessments.

The TSM provider may use a formal or informal assessment. The initial assessment and annual assessment must include:

- Gathering information related to educational, social, emotional, and medical events by interviewing the individual, family, medical providers, educators, and others necessary to complete an assessment of the individual.
- Identifying the strengths, skills, abilities, and preferences of the individual.
- Utilizing assessments and planning tools to assist individuals and families to identify both the immediate and long-term vision for the individual, including the types of information, community resources, experiences, opportunities, and specialized services and supports

necessary to promote growth and development and to achieve the individual's desired outcomes, which can include acquiring independent living skills, employment, and establishing a social network outside the family.

- Identifying and documenting the individual's needs for services and supports.

In addition to performing an initial assessment and annual assessment of individual needs, the Targeted Support Managers have a critical role in helping individuals of all abilities and ages and families develop a vision for a good life for the individual. Individuals need to be encouraged to think about what they need to know and do, how to identify and develop supports, and how to discover what it takes to live the lives they want to live. They may focus on their current situation and stage of life but may also find it helpful to look ahead to think about life experiences that could help move them toward an inclusive, productive life in the future.

It is best practice for Targeted Support Managers to utilize the LifeCourse framework and tools. Using a LifeCourse framework assists individuals and families to identify both the immediate and long-term vision for the individual including community resources, experiences, opportunities, and specialized services and supports necessary to promote growth and development and to achieve the individual's desired outcomes, which can include acquiring independent living skills, employment, and establishing a social network outside the family. The LifeCourse framework has core principles and values that assist people to think differently about what it means to support individuals with disabilities and their families to have good lives. The core belief is that all people have the right to live, love, work, play, and pursue their life aspirations. The LifeCourse resources can be downloaded using the following link <https://www.lifecoursetools.com/lifecourse-library/foundational-tools/>. Particularly helpful for Targeted Support Managers is the resource entitled "Charting the LifeCourse: Experiences and Questions Booklet." The questions in this guide represent the diverse experiences of the families and self-advocates who developed these materials and concepts. Individuals, families, professionals, and community members need tools that will help them along the way in achieving full, meaningful, and self-determined everyday lives. This booklet is intended to be a helpful tool for the journey.

#### *Additional considerations for children who receive Early Intervention services from the Office of Child Development and Early Learning*

A child with a developmental disability may also be receiving services through the Office of Child Development and Early Learning's (OCDEL) Early Intervention (EI) Program when a TSM provider accepts the referral. If the TSM provider is unable to identify the EI service coordinator, the TSM provider should contact the local EI Program office for assistance with identifying the service coordinator. The TSM provider should obtain the following from the EI service coordinator:

- a release of information to share information between the TSM provider and the EI program
- current evaluation report
- current Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP)

The TSM Provider must collaborate with the EI service coordinator providing service to the child. This coordination ensures that services are not duplicated. Once the TSM provider receives assessments and other documentation that were conducted or obtained by the EI program, the TSM provider will need to determine if additional information needs to be obtained from the child and family to render the TSM service. A PUNS then needs to be completed within 45 days of accepting the referral in ODP's information system.

If the child is not receiving services, including case management, from the EI Program the Targeted Support Manager should complete an initial assessment and annual assessment as described above.

### **ISP Requirements**

Developing an ISP is based on the philosophies and concepts of Positive Approaches, Everyday Lives, Person-Centered Planning and the LifeCourse framework that capture the true meaning of working together to empower the individual to dream, plan, and create a shared commitment for the individual's future. The ISP does not replace the TSM provider's initial assessment and annual assessment of individual needs that is discussed above. The ISP identifies information about the individual, such as health and safety needs, and summarizes all initial assessment and annual assessment results.

A service authorization for TSM is not entered into the ISP in ODP's information system. The individual or the individual's representative must consent to receive TSM by signing the ISP Signature Form (DP 1032) as part of the ISP process. The TSM provider is responsible for providing the ISP Signature Form to the individual, the parents of children, guardians, or surrogates, if applicable, or persons designated by the individual, and ensure completion of the form at the conclusion of the ISP meeting. The approved ISP should include the provision of TSM activities which may be documented throughout the ISP such as, Know and Do, Important To and Important For, and in the Outcome Actions Section under what actions are needed, Who's Responsible, and Frequency and Duration.

The initial ISP, considered a bridge plan, has a start date generally 60 to 90 calendar days after the initial ISP meeting and an end date of the following June 30, the last day of the fiscal year (FY). The initial ISP does not encompass an entire FY due to the timing of the initial ISP meeting. The initial ISP is used to align the ISP end date with the FY end date. A full ISP must be completed for all individuals who receive TSM and should include all information required in 55 Pa. Code § 6100.223. This information is gathered by the TSM provider during the comprehensive assessment. Individuals receiving TSM may not have an abbreviated ISP. However, there is an exception for children who have an IFSP completed by OCDEL. This information should be incorporated into the abbreviated ISP.

More information regarding the ISP process that must be followed by TSM providers, county MH/ID programs, and AEs can be found in the current ISP Bulletin, "Individual Support Plans for Individuals Receiving Targeted Support Management, Base Funded Services, Consolidated, Community Living, or P/FDS Waiver Services, or Who Reside in an ICF/ID".



## **Transition Activities for 180 Days for Individuals Moving from an Institutional Setting into a Community Setting**

TSM transition activities are only available and may be billed for individuals, including children, who reside in, or are inpatients of nursing facilities<sup>12</sup>, acute care hospitals or ICFs/ID for the purpose of planning for transitions and actively transitioning these individuals to a community setting. The TSM provider may bill for transition activities even if the individual was not able to successfully transition into a community setting as planned. TSM providers may bill for transition activities as soon as they begin, and the TSM provider may bill for transition activities for up to 180 consecutive calendar days. However, there is no lifetime limit on transition activities for an individual, such as if the individual moves more than once. A new 180 consecutive calendar day period can be utilized and TSM providers may be reimbursed if transition to one community setting is unsuccessful, but a new community setting is identified. Further, transition activities to the same community setting can occur more than once when there has been at least 90 calendar days between transition activities occurring.

During transition activities, the Targeted Support Manager should work closely with any facility staff that are responsible for discharge planning. Targeted Support Managers must document transition activities in service notes located in ODP's information system. At a minimum, this documentation should include:

- The community setting identified where the individual will transition.
- Contact with individuals and agencies that will provide supports and services needed by the individual to successfully transition to the community setting.
- Contact with individuals and agencies that will provide supports and services needed by the individual to successfully live in the community setting after the transition.
- Should the individual not transition to the community, the reason transition activities to a community setting were unsuccessful.

If an individual who was enrolled in a waiver is in a nursing home or hospital and is no longer eligible for an ODP waiver (the individual will be in reserved capacity status), the individual may still be eligible for MA and therefore eligible for TSM transition activities.<sup>13</sup> In addition, if the individual is in a nursing home or hospital and then moves back into the individual's own home and is not enrolled in a waiver, TSM can be billed for activities that support transition into community settings.

Individuals between the ages of 22 and 64 who are served in "institutions for mental disease" or individuals who are "inmates of public institutions" are not eligible for TSM reimbursement for transition planning. An "institution for mental disease" includes state and private psychiatric hospitals

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<sup>12</sup> Individuals enrolled in Community HealthChoices who are receiving long-term services and supports are not eligible for TSM because these individuals are receiving case management services through Community HealthChoices. Individuals who are *ONLY* receiving physical health services through Community HealthChoices because they are nursing facility ineligible but are dually enrolled in Medicare and Medicaid may be eligible for TSM.

<sup>13</sup> If an individual is not eligible for MA, but needs assistance with transition activities, the county MH/ID program may choose to use base-funding. Further, the county MH/ID program may coordinate with the individual's mental health case manager, if applicable, to complete transition activities.

and licensed or accredited inpatient psychiatric facilities. “Inmates of public institutions” include individuals incarcerated in city, county, state, or federal correctional facilities. TSM or transition activities may not be billed regardless of the length of time the individuals remain in that setting. The federal regulations relating to institutionalized individuals and services provided in an “institution for mental disease” and a “public institution” may be found in 42 CFR § 435.1009.

### **Monitoring Requirements**

Providers of TSM are responsible for ensuring that the ISP is implemented and addresses the individual’s needs. To accomplish this, Targeted Support Managers are required to complete at least one face-to-face monitoring with the individual at least every 365 days from the date of the first monitoring after the TSM provider accepts the TSM referral in ODP’s information system as indicated in the section above, *Guidance to the TSM Provider About the Initial Assessment and Annual Assessment of Individual Needs*. This monitoring must occur on a separate day from the annual ISP meeting. The face-to-face monitoring should be conducted based on the individual’s needs and may occur more frequently when needed. In addition, if the individual has a surrogate or if the individual is under the age of 18, the Targeted Support Manager should make efforts to accommodate the surrogate or parent so that the surrogate or parent is present for the monitoring. If the surrogate or parent cannot be present, the reason should be documented in the service note. The Targeted Support Manager must document the face-to-face monitoring on ODP’s designated monitoring tool, and the activity should be documented in a service note. Providers of TSM must use the Department’s approved information system to enter face-to-face monitoring information and record service activity within ODP’s guidelines.

### **Willing and Qualified TSM Providers**

When an individual is determined eligible for TSM services, the county MH/ID program or AE is responsible for informing the individual of the individual’s right to choose any willing and qualified TSM provider. MA payments do not allow for duplication of services. Therefore, if an individual has more than one case manager the service notes need to document the allowable ODP TSM activities that were delivered.

If a TSM provider is unable to serve an individual, the TSM provider is required to communicate to the county MH/ID program or AE the reason the TSM provider is unwilling to accept the referral. An example of a reason a TSM provider is unable to serve an individual would be due to lack of available personnel. Providers are prohibited from denying services or otherwise discriminating against an MA recipient on the grounds of race, color, national origin, or handicap, as examples.

ODP staff are responsible for ensuring that each TSM provider meets the qualification requirements contained in Pennsylvania’s State Plan Amendment. In addition, ODP added language to the State Plan to clarify the qualification requirements for Targeted Support Manager Supervisors and to require Targeted Support Manager Supervisors and Targeted Support Managers to complete a minimum of 24 hours of training each year in alignment with 55 Pa. Code § 6100.143. ODP continues to follow the state

Civil Service Commission’s county caseworker educational and experience specifications for the employment of Targeted Support Managers.

### **Billing**

TSM providers are responsible for ensuring that they only bill for TSM in accordance with the policy discussed in this bulletin. TSM providers should verify that the individual being served is eligible for MA by accessing EVS. Payment methodologies in the State Plan Amendment reflect current rate setting methodology, and payment for TSM is made through the state’s MA billing system (PROMISE)<sup>14</sup>. A unit of TSM service is 15 minutes; there is no rounding. Transportation and travel are included in the TSM rate and are not separately reimbursable activities.

Although consent to receive TSM must be obtained by signing the ISP Signature Form (DP 1032), the TSM provider may complete TSM activities and bill for these activities prior to signed consent.

In addition, if a Targeted Support Manager is participating in a billable activity and there are other program office staff who may bill MA, the TSM provider needs to follow 55 Pa. Code § 1247.53(b), relating to limitations of payment, which states, “Payment will be made for targeted case management services provided by only one MA case manager per recipient for a given period of time, which will be determined by the Department.”

### **ICF/ID and ICF/ORC Level of Care Determination Conflict of Interest**

Certification of need for an ICF/ID or ICF/ORC level of care by a QDDP, agency, or individual employed or affiliated with a facility who has a conflict of interest will not be accepted. The county MH/ID program or AE is responsible to ensure that no conflict of interest exists in the eligibility determination process.

Certification by county MH/ID program or AE staff of an individual’s need for an ICF/ID or ICF/ORC level of care is acceptable as long as the staff is not directly involved in the provision of services to the individual. Certification of ICF/ID or ICF/ORC level of care will not be accepted from:

1. A QDDP employed or affiliated with an ICF/ID, ICF/ORC or nursing facility from which an individual is being referred or discharged.
2. A QDDP employed or affiliated with an agency that provides or may provide ODP-funded services to the individual.

The county MH/ID program or AE may contract with another agency or independent professional who meets the criteria defined in 42 CFR § 483.430(a) to obtain a QDDP certification of need for an ICF/ID or ICF/ORC level of care in order to ensure a conflict-free determination.

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<sup>14</sup> Waiver-funded Supports Coordination (SC) activities are not reimbursable under TSM. For base-funded SC services, please consult with your county MH/ID program. If an individual is no longer eligible for MA, please consult the county MH/ID program or AE.

**Note: Level of Care resources to assist with TSM eligibility are available on MyODP.org at the following link: <https://www.myodp.org/mod/page/view.php?id=23652>.**

**ATTACHMENTS:**

Attachment 1: Pennsylvania State Plan Amendment Regarding TSM

Attachment 2: DP 250, Certification of Need for ICF/ID or ICF/ORC Level of Care

Attachment 3: DP 251, Annual Recertification of Need for ICF/ID or ICF/ORC Level of Care

Attachment 4: DP 1090, Supplement to the Medical Evaluation Level of Care Evaluation for Individuals with Complex Medical Conditions

Attachment 5: Instructions for Completing Form DP 1090

**OBSOLETE DOCUMENTS:**

Bulletin 00-16-01, Targeted Services Management for Individuals with an Intellectual Disability

ODP Announcement 047-16, Update to the Frequently Asked Questions (FAQ): Targeted Services Management Bulletin

ODP Announcement 126-17, CMS Approves the Targeted Support Management State Plan Amendment Effective August 20, 2017