JUSTICE INVOLVED YOUTH CASE MANAGEMENT AND PRE-RELEASE SERVICES

OVERVIEW

In compliance with federal regulations (Section 5121 of the Consolidated Appropriations Act, 2023), effective January 1, 2025, South Dakota Medicaid covers **limited** services for eligible juveniles in carceral settings. Juveniles are only eligible for this limited coverage in the pre-release period if they are enrolled in Medicaid, have been adjudicated, and are within 30 days of release to the community. These coverages are intended to help provide a bridge to community reentry and establish care with community providers. Upon reentry into the community these juveniles will generally have full coverage Medicaid if they continue to meet Medicaid eligibility criteria.

Covered services during the pre-release period are targeted case management (TCM) and screening services, diagnostic services, and immunizations. Federal regulations continue to prohibit Medicaid coverage and reimbursement of other services while the juvenile is incarcerated including treatment and problem-focused exams.

ELIGIBLE PROVIDERS

General Enrollment Requirements
In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements. The enrollment chart does not include a specific targeted case management provider type. Refer to the case manager qualifications below for providers types that can supervise and bill for these services.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

Case Manager Qualifications
Case Managers must have the capacity to meet all core elements of case management services outlined in CFR 440.169, be at least 18 years old, and meet the following qualifications:

- Case managers must be part of a care team of a Medicaid enrolled provider. Supervision of the case manager must be provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, certified addiction counselor, licensed addiction counselor, licensed psychologist, licensed professional counselor – mental health, licensed professional counselor working toward a mental health designation, licensed clinical nurse specialist,

licensed certified social worker – Private Independent Practice (PIP), licensed certified social work – Private Independent Practice (PIP) candidate, or licensed marriage and family therapist. Case managers must meet the following qualifications:

a. Must have graduated from an accredited college or university with a bachelor's or associate's degree in criminology, criminal justice, psychology, social work, nursing, human services or another similar field.
b. In lieu of a bachelor's or associate's degree in an enumerated field, the individual:
    i. Has a high school diploma or GED; and
    ii. Is a community health worker certified by the Community Health Worker Collaborative of South Dakota; or
    iii. Has a minimum combination of 6 months training or experience providing case management services.

OR

- Must be employed by or under contract with the Public Safety Organization. The Case Manager must meet the following qualification:
    a. Must have graduated from an accredited college or university with a bachelor's or associate's degree in criminology, criminal justice, psychology, social work, nursing, human services or another similar field.
    b. In lieu of a bachelor's or associate's degree in an enumerated field, the individual:
        i. Has a high school diploma or GED; and
        ii. Is a community health worker certified by the Community Health Worker Collaborative of South Dakota; or
        iii. Has a minimum combination of 6 months training or experience providing case management services.

    OR

- Is a community health worker certified by the Community Health Worker Collaborative of South Dakota employed by an enrolled Community Health Worker Agency.

ELIGIBLE RECIPIENTS

To receive pre-release services an individual must be enrolled in Medicaid and meet the following criteria:

- Be under 21 years and enrolled in any eligibility group, or be 18 to 26 years old and enrolled in the mandatory foster care children group (aid category 54); and
- Is an inmate of a public institution who has been adjudicated, and is within 30 days of release into the community or other non-carceral setting; or
- Was an inmate of a public institution who has been adjudicated, and released into the community or other non-carceral setting within the last 60 days;

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal. Pre-release

services are not covered while an individual is an inmate unless the individual has been adjudicated and is within 30 days of release.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary; and
- The recipient must be eligible.

The manual also includes non-discrimination requirements providers must abide by.

Covered Targeted Case Management Services
Targeted case management services include services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services which include the following:

- Healthcare needs assessment and reassessment;
- Person-centered care plan development;
- Arranging screening and diagnostic services;
- Referrals and related activities; and
- Monitoring and follow-up activities.

Healthcare Needs Assessment and Reassessment
An initial comprehensive assessment must be completed by the case manager within 7 days of the first meeting with the recipient. The assessment must determine the need for any medical, educational, social or other services. The assessment process includes:

- Taking client history;
- Identifying the individual's needs;
- Determining if the individual has established community-based healthcare and who their providers are including their Medicaid care management provider if applicable; and
- Gathering information from other sources. This may include family members, medical providers, social workers, the correctional facilities reentry planning team, and educators if necessary, to form a complete assessment of the eligible individual.

Reassessments are to be conducted as needed to determine if the individual's needs have changed.

Person-Centered Care Plan Development

The case manager must develop a person-centered care plan for community-based services that is informed by the healthcare needs assessment. Goals must be developed through active participation of the recipient and their supports. The care plan must include:

- Recipient name, date of birth, and Medicaid ID number;
- Contact information;
- Household member's names, if applicable;
- Support people and their relationship to the recipient;
- Healthcare providers including Medicaid care management provider if applicable;
- Physical or behavioral health needs;
- Medications and a plan for obtaining needed medications after discharge;
- Health-related social needs including transportation, housing, food insecurity, personal safety, education, employment, and childcare;
- Goals to address the medical, social, educational, and/or other services needed by the individual. Goals should be SMART: Specific, Measurable, Achievable, Relevant, and Time-bound; and
- Action steps to achieve the goals and respond to the assessed needs of the eligible individual.

The person-centered care plan may be revised as needed.

Referrals and Related Activities

The care manager must help link the recipient to needed services identified in the assessment and specified as goals in the care plan. This includes making referrals to and scheduling appointments with physical and behavioral health providers. It also includes linking recipients to other critical supports that address health related social needs, such as transportation, housing, food insecurity, personal safety, education, employment, and childcare.

The care manager must help the recipient select a Medicaid care management provider if applicable and help them establish care with the care management provider as well as other applicable providers.

Arranging Screening and Diagnostic Services

In the 30-days prior to release from a carceral setting to any non-carceral setting, or as soon as practical after release, the case manager will help schedule screening and diagnostic services. The services are covered and reimbursed by Medicaid if provided by an enrolled provider. The screening and diagnostic services may be provided by the carceral settings contracted provider including providers not enrolled with Medicaid. If the provided is not enrolled, they will not be eligible for Medicaid reimbursement.

If a juvenile has received a wellness exam/physical, been screened and/or received a diagnostic service(s) prior to incarceration, upon entry to the carceral facility, and/or during other points of incarceration prior to 30-days of their scheduled release date, the TCM care plan should document such services have been received.

The screening should include appropriate immunizations according to age and health history and the following screenings:

- Behavioral Health screening;
- Dental screening;
- Hearing screening; and
- Vision screening;

Federal regulations prohibit Medicaid from paying for additional services during the period the juvenile is incarcerated. This includes treatment and problem-focused exams. The carceral setting remains responsible for additional services during this time.

Monitoring and Follow-up Activities

The care manager should engage in monitoring and follow-up activities necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs. Monitoring and follow-up activities may be with the recipient, family members, service providers, or other entities or individuals. Monitoring services include:

- Ensuring services are being furnished in accordance with the individual's care plan;
- Ensuring services in the care plan are adequate; and
- Updating the care plan to reflect changes in the needs or status of the individual.

Monitoring should be conducted as needed. It is recommended that monitoring is conducted no later than 30 days from release with the recipient and community-based providers to ensure that the recipient engaged in the services.

Service Delivery

Targeted case management services should be provided face-to-face or via telemedicine, which is an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider and a Medicaid recipient across a distance that has both audio and visual component. In limited circumstances, services may also be provided via audio-only such as a telephone.

Discontinuation of Services

Targeted case management services may be provided for up to 30 days prior to reentry and 60 days upon reentry. The first day of reentry is considered day 1 of the 60 day period. The case manager should explain the duration of the services to recipient upon initiation.

A copy of the person-centered care plan including goals and progress made should be provided to the recipient within five business days of the service ending. If the recipient is receiving case management services from another provider, a warm handoff with transfer summary shall be completed.

Non-Duplication of Services

Targeted case management services cannot duplicate other case management services provided under the Medicaid state plan or waiver or demonstration authority. Services that are similar to targeted case management and considered duplicative include:

- Community mental health center case management services;
- Health home care coordination services;
- BabyReady care coordination services; and
- HCBS waiver case management services.

When a case manager becomes aware the recipient is receiving the above-referenced services, he or she must provide a warm hand-off to the case manager/care coordinator and initiate discontinuation of targeted case management services.

Delay in Release Prohibited

In accordance with CMS guidelines, a youth's release from a carceral setting cannot be delayed as a result of the provision of pre-release medical or targeted case management services. Pre-release services should take place 30-days prior to release from a carceral setting when possible. In the event it is not possible, the juvenile should receive the screening services as soon as practicable, ideally within 7 days post-release.

Pre-Release Screening and Diagnostic Services

Screening and diagnostic services for children age 20 and younger should be provided in accordance with the American Academy of Pediatrics (AAP) Bright Futures health guidelines. Medicaid covers United States Preventative Services Task Force (USPSTF) A and B grade recommendations in accordance with the guidance in the Well-Child, Well-Adult, and Other Preventative Services manual. Immunizations are covered in accordance with the Centers for Disease Control and Prevention Immunization Schedule.

Billable services during the prerelease period include:

Service Type	CPT	Description
Targeted Case Management	T1017	Targeted case management services
Annual Wellness Visits and Screenings	99383	Preventive Visit, New, Age 5-11
	99384	Preventive Visit, New, Age 12-17
	99385	Preventive Visit, New, Age 18-39
	99393	Preventive Visit, Established, Age 5-11
	99394	Preventive Visit, Established, Age 12-17
	99395	Preventive Visit, Established, Age 18-39
	99202	Outpatient Visit, New, 15 min
	99203	Outpatient Visit, New, 30 min

Establishment of Care and Screenings	99204	Outpatient Visit, New, 45 min
	99205	Outpatient Visit, New, 60 min
	99212	Outpatient Visit, Established, 10 min
	99213	Outpatient Visit, Established, 20 min
	99214	Outpatient Visit, Established, 30 min
	99215	Outpatient Visit, Established, 40 min
Diagnostic Services	70000-79999	Diagnostic Testing, Radiology
	80000-89999	Diagnostic Testing, Laboratory
	36415	Routine Venipuncture
Immunizations	Applicable CPT Code	Immunizations in accordance with the Centers for Disease Control Immunization Schedule.

NON-COVERED SERVICES

General Non-Covered Services
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Targeted Case Management Non-Covered Services
The department does not cover, and the provider may not submit a claim for:

- Services that do not meet the definition of targeted case management;
- Continued services after all care plan goals have been met; and
- Services beyond 60 days reentry into the community.

DOCUMENTATION REQUIREMENTS

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Providers maintain case records that document for all individuals receiving case management as follows:

- The name of the individual;
- The dates of the case management services;
- The name of the provider agency (if relevant) and the person providing the case management service; The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- Whether the individual has declined services in the care plan;
- The need for, and occurrences of, coordination with other case managers;
- A timeline for obtaining needed services;

- A timeline for reevaluation of the plan.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
Payment for targeted case management, screening, and diagnostic services is the lesser of the provider's usual and customary charge or the fee listed on the applicable fee schedule.

Claim Instructions
Services must be billed on CMS 1500 claim form or via an 837P electronic transaction. Refer to our website for detailed billing instructions. A provider must submit claims at the provider's usual and customary charge. The claim may contain only those procedure codes listed on the Physician Services fee schedule.

Targeted case management must be billed using HCPC T1017, targeted case management, each 15 minutes.

Time Units
Targeted case management services are billable in 15-minute unit increments for services provided on a single date of service. Time is the face-to-face time with a recipient. A unit of time is attained when the mid-point is passed. For example, 15 minutes is attained when 8 minutes have elapsed. A second 15-minute unit is attained when a total of 23 minutes has elapsed.

Enter each date of services in block 24 of the claim including only the number of units that the service was provided for the recipient on each day.

Place of Service and Diagnosis Code Requirements
Services provided in a carceral setting should be billed using POS indicator 09 and a secondary diagnosis code of Z65.1.

Case Management Telemedicine (T1017)

Case management services can be provided via telemedicine provided at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine/audio-only. Modifier 93 must be billed for audio-only services. Please see the Telemedicine Services manual for additional information.

DEFINITIONS

1. “Addiction Counselor,” is an individual who has met the standards established by the Board of Addiction and Prevention Professionals and is recognized as a Licensed Addiction Counselor or Certified Addiction Counselor, by the Board of Addiction and Prevention Professionals, or an addiction counselor employed by a recognized tribal program that has met the credentialing requirements required by Indian Health Service;

2. “Carceral setting,” includes all types of carceral facilities where an eligible juvenile post adjudication may be confined as an inmate of a public institution. This would include state and federal prisons, local jails, tribal jails and prisons, and all juvenile detention and youth correctional facilities;

3. "Certified social worker – Private Independent Practice (PIP)," an individual certified under SDCL 36-26-17;

4. “Certified social worker – Private independent Practice (PIP) candidate” an individual who is licensed as a certified social worker under SDCL 36-26-14 and is working toward becoming a certified social worker – PIP under an approved supervision agreement as required by § 20:59:05:05;

5. "Clinical nurse specialist," an individual who is licensed under SDCL 36-9-85 to perform the functions contained in SDCL 36-9-87;

6. "Collateral contact," telephone or face-to-face contact with an individual other than the recipient receiving treatment to plan appropriate treatment, to assist others in responding therapeutically regarding the recipient’s difficulty or illness, or to link the recipient, family, or both to other necessary and therapeutic community support;

7. "Licensed professional counselor - mental health" "LPC-MH," an individual certified under to SDCL 36-32-65 to 36-32-67, inclusive;

8. “Licensed professional counselor working toward a mental health designation” an individual who is licensed as a licensed professional counselor under SDCL 36-32-64 and is working toward a mental health designation under the supervision required by SDCL 36-32-65(4);

9. “Licensed marriage and family therapist” an individual licensed under SDCL 36-33-43 to 36-33-45, inclusive;

10. "Nurse practitioner," an individual who is qualified under SDCL Ch. 36-9A to perform the functions contained in SDCL 36-9A-12, or an individual licensed or certified in another state to perform those functions;

11. "Other licensed practitioner" a physician assistant, nurse practitioner, clinical nurse specialist, nurse midwife, or nurse anesthetist who is licensed by the state to provide services and is performing within their scope of practice under the provisions of SDCL title 36.

12. "Physician," a person licensed as a physician in accordance with the provisions of SDCL Ch. 36-4 and qualified to provide medical and other health services under this chapter, or an individual licensed or certified in another state to perform those functions;

13. "Physician assistant," an individual qualified and certified under the provisions of SDCL Ch. 36-4A to perform the functions contained in SDCL 36-4A-26.1, or an individual licensed or certified in another state to perform those functions;

14. “Public Safety Organization,” an entity that primarily engages in activities related to the safety and well-being of the general public, including law enforcement, fire departments, emergency medical services, and other organizations that protect and serve the public in matters of safety and security.

15. "Psychologist," for services provided in South Dakota, a person licensed under SDCL 36-27A-12 or 36-27A-13; for services provided in another state, a person licensed as a psychologist in the state where the services are provided. For purposes of the medical assistance program, a person practicing under SDCL 36-27A-11 is specifically excluded from this definition;

16. “Telehealth,” a method of delivering services, including interactive audio-visual or audio-only technology, in accordance with SDCL 34-52;

17. “Inmate of a Public Institution” an individual who is living in a public institution and is in custody and held involuntarily through operation of law enforcement authorities 42 CFR § 435.1010.

18. “Public Institution” an institution that is the responsibility of a governmental unit or over which a governmental unity exercises administrative control to include correctional institutions 42 CFR § 435.1010.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **What is the earliest that a recipient can receive services?**

   30 days prior to release from a carceral setting post-adjudication.

2. **Do providers interested in providing this service need to change or add to their enrollment to bill for TCM services?**

   No, eligible providers are not required to change their enrollment record.

3. **Do targeted case management services require an order or referral?**

   No, orders and referrals are not required for targeted case management services.

4. **Does Medicaid have a provider directory of targeted case managers?**

   No, there is not a provider directory. Although this coverage change is effective January 1, 2025, it is anticipated that additional time for targeted case management services to be widely available.

5. **Are warm handoffs required if services are provided by different case managers pre- and post-release?**

   Yes, if different case managers deliver services before and after release or even during the post-release period , there must be a warm handoff. The warm handoff should include a meeting of the pre-release case manager, the post-post release manager, and the impacted youth.

6. **Are problem-focused exams and treatment covered during the pre-release period?**

   No, Medicaid is prohibited from paying for additional services besides TCM, screenings, and diagnostic services during the pre-release period.

7. **What are the Medicaid care management programs?**

   South Dakota Medicaid has three care management programs, the Primary Care Provider Program, the Health Home Program, and BabyReady. Each program serves a different target population. Most Medicaid recipients participate in one of the three programs with most recipients being in the Primary Care Provider Program. The programs are intended to provide recipients with

a designated provider who provides them their primary/routine care and coordinates their specialty healthcare needs including making referrals to specialty providers.

8. **How can a case manager or carceral setting help a recipient select a care management provider?**

   First, utilize the provider map or provider list to help identify a provider for the recipient. Once a provider has been identified use the online provider selection tool to select the provider.

9. **Can carceral settings provide the pre-release services required under federal regulation, but not enroll and bill Medicaid?**

   Yes, federal requirements for the provision of these services are considered satisfied even if the services are not billed to Medicaid. However, carceral settings are encouraged to be mindful of the intent for these services to be a bridge to community based health services upon release.