pennsylvania
DEPARTMENT OF HUMAN SERVICES

OFFICE OF DEVELOPMENTAL PROGRAMS BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
September 1, 2026	September 1, 2026	00-26-03

SUBJECT	BY
Targeted Support Management Service	Kristin Ahrens, 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, including new requirements. New requirements addressed in this bulletin include:

- Clarification of the assessment activities required for re-evaluation of level of care; and
- Requiring a medical evaluation be completed every 3 years.

BACKGROUND:

Targeted Case Management (also called TSM) is an optional state plan service included in Pennsylvania's Medical Assistance (MA) State Plan. The 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 follow federal rules when claiming federal matching funds for its program activities. A State Plan includes 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 for TSM.

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.pa.gov/agencies/dhs/departments-offices/odp-info/odp-bureau-community-services

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 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 meet the following eligibility criteria prior to receiving TSM:

- Be eligible for MA as determined by the County Assistance Office (CAO);
- Level of care criteria as outlined in this bulletin, including a diagnosis of an intellectual disability, autism or developmental disability, or have a medically complex condition;
- Not be enrolled in a waiver program that provides case management/supports coordination services; and
- Reside in a community setting.

Per the Mental Health and Intellectual Disability Act of 1966, it is the responsibility of the County MH/ID Program to determine if an individual meets the criteria to receive supports and services from the County MH/ID Program. In addition, the ODP AE Operating Agreement requires the AE to determine if an individual meets the level of care criteria to be eligible to receive TSM. The County MH/ID Program and the AE are the same entity. The County MH/ID Program or AE may consult with a qualified professional if needed to confirm an individuals' eligibility for TSM.

If an individual is unable to provide documentation of completion of a standardized general intelligence test[1] and a standardized assessment of adaptive functioning, the County MH/ID Program or AE shall provide the individual with a list of resources that can assist the individual with obtaining the necessary test or assessment.

If the individual has autism, a developmental disability, or a medically complex condition the AE is responsible for completing form DP 250, *Certification of Need for ICF/ID or ICF/ORC Level of Care.* The AE will notify the individual or surrogate, as appropriate, of the results of the evaluation for level of care by sending the DP 250 and a notification letter.[2] If an individual has an intellectual disability, the AE does not need to completed form DP 250.

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

- Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson); or

[1] Please see Attachment 2 for acceptable common intelligence measures.

[2] ICF/ORC Level of Care Evaluation or Re-Evaluation notification letters that are sent to the individual are found on MyODP.org.

- Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson).

MA Eligibility Verification

The County MH/ID Program or AE must verify that the individual is eligible for MA and that TSM is covered by the individual's MA HealthCare Benefits Package (HCBP) by accessing either the Eligibility Verification System (EVS) or eCIS (Electronic Client Information System).

- Using EVS: For more information on how to use EVS, refer to Provider Quick Tips #11, "Eligibility Verification System." 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)".
- Using eCIS: For information on eCIS, please refer to the Office of Developmental Programs (ODP) Announcement 20-017, "Business Partner Access – eCIS Transition Planning – User Materials". The ODP Announcement and the eCIS User Guide for ODP may be found on MyODP.org.

Residing in a Community Setting

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 (HCBS) regulations. 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) that are licensed under 55 Pa. Code Chapters 6400, 5310 or 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

Eligibility for TSM for Individuals Receiving Services from Other Programs:

The County MH/ID Program or AE must 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. If an individual receives services from one of the following programs, the individual may also receive TSM:

- Individuals who receive physical health (PH) services and/or behavioral health (BH) services in the HealthChoices Program (PH-MCOs and BH-MCOs).
- 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.
    - TSM may be provided to complete the following activities:
        - Completion of the Prioritization of Urgency of Need for Services (PUNS)[3] 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 Individual Support Plan (ISP).
        - Coordinating with the Early Intervention service coordinator to obtain needed information. (Please refer to the section titled *Additional considerations for children who are ages 0-3*.)

Individuals enrolled in Community HealthChoices[4] 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 21 years of age or older and ***ONLY*** receive PH services through Community HealthChoices and are dually eligible for Medicare and Medicaid but are ineligible for a nursing facility may receive TSM if they are determined to be eligible for TSM.

1. INITIAL LEVEL OF CARE

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

The County MH/ID Program must determine in accordance with ODP's current policy that the following are met for an individual with an ID to be eligible for TSM.[5]

1) The individual has a diagnosis of an ID:
    a. Diagnosis of an ID 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

[3] Information about PUNS may be found in ODP Bulletin 00-19-03, "Prioritization of Urgency of Need for Services (PUNS) Manual".

[4] Information on Community HealthChoices is available in the ODP Reference Manual on Community HealthChoices (CHC) for Administrative Entities.

[5] This current policy can be found in 55 Pa. Code § 4210.101a, Clarification of eligibility determinations – statement of policy.

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.

b. Except as specified in the section titled, *Special Circumstances for Level Of Care Evaluation and Reevaluation*, 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.[6] The full-scale IQ shall be determined by the verbal and performance IQ scores.

2) The individual has a substantial adaptive skill deficit in two or more areas of major life activity based on a standardized assessment of adaptive functioning.
   a. The individual must have subaverage general intellectual functioning that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, understanding, and use of language; self-care; learning; mobility; capacity of independent living and home living; social/interpersonal skills; use of community resources; self-direction; functional academic skills; work; leisure; health; or safety.
3) The ID and substantial adaptive skill deficits occurred before the individual's 22nd birthday (see Attachment 3 for more information on individuals who have no prior records of testing prior to age 22).
   a. 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 ID service system, and has no prior records of testing. Clinical judgment may be used to determine whether the age of onset of an ID occurred prior to the individual's 22nd birthday.
4) The individual is recommended for an ICF/ID level of care based on a medical evaluation.
   a. Documentation of a current medical evaluation performed by a licensed physician, licensed physician's assistant, or certified registered nurse practitioner that indicates that the individual is recommended for ICF/ID level of care, or an MA 51 form completed by a licensed physician, licensed physician's assistant, or certified registered nurse practitioner that documents that the individual is recommended for an ICF/ID level of care.

[6] 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).

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.

There are four criteria that must be met for an individual with autism to be determined eligible for an ICF/ORC level of care:

1. The individual has a diagnosis of autism;
2. The individual has substantial adaptive skill deficits in three or more areas of major life activity based on a standardized assessment of adaptive functioning;
3. The autism and substantial adaptive skill deficits must have occurred prior to age 22 (see Attachment 3 for more information on individuals who have no prior records of testing prior to age 22); and
4. The individual is recommended for an ICF/ORC level of care based on a medical evaluation.

The following must be met to document a diagnosis of autism and need for 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 individual has autism as documented in a diagnostic tool(s).[7]

2. A Qualified Developmental Disability Professional (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.[8] The assessment must show 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. The results of the assessment must also show 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.

[7] 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 prior to the age of 22 and limits on social, adaptive, and/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.

[8] An example of a standardized assessment of adaptive functioning is the Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson) or the Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson). The AE must have the ability to score the standardized assessment of adaptive functioning. Please refer to Attachment 2 for Common Intelligence Measures and Six Major Areas of Life Activity.

3. Documentation that substantiates that the individual's autism and substantial adaptive skill deficits manifested during the developmental period, which is prior to the individual's 22nd birthday. See Attachment 3 for more information on individuals who have no prior records of testing prior to age 22.

4. Documentation of a current medical evaluation performed by a licensed physician, licensed physician's assistant, or certified registered nurse practitioner that indicates that the individual is recommended for ICF/ORC level of care, or an MA 51 form completed by a licensed physician, licensed physician's assistant, or certified registered nurse practitioner that documents that the individual is recommended for an ICF/ORC level of care.

Documentation of the results of the diagnostic tool(s) and the standardized assessment of adaptive functioning shall consist of all the following:

- The clinical data and overall standardized assessment score for all testing performed.
- Documentation by the certifying practitioner that the results are considered valid and consistent with the individual's functional limitations.
- A statement by the certifying practitioner as to whether the results indicate that the individual has a diagnosis of autism.

Please note, if it is unclear from existing documentation if an individual has substantial adaptive skill deficits in three or more areas of major life activity, the AE shall assist the individual with obtaining a second review of existing documentation to receive a second opinion.

Substantial Adaptive Skill Deficits for Individuals with Autism

The QDDP will review the Vineland Adaptive Behavior Scales or Adaptive Behavior Assessment System scores to determine if an individual has a substantial adaptive skill deficit.

If the individual's assessment scores are two standard deviations below the mean in at least three of the six major areas of life activity, the individual will be determined to have a substantial adaptive skill deficit.

If the individual's assessment scores are not two standard deviations below the mean in at least three of the six major areas of 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 in at least three of the six major life activities to determine if the individual has a substantial adaptive skills deficit.

Initial ICF/ORC Level of Care Evaluation for Children Ages 0 - 8 with a Developmental Disability

There are four criteria that must be met for a child age 8 or younger with a developmental disability to be determined eligible for an ICF/ORC level of care:

1. The child has a diagnosis of 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, the disability manifested prior to the age of 9, and the disability is likely to continue indefinitely;
2. The child is 8 years of age or younger;
3. The child has substantial adaptive skill deficits in three or more areas of major life activity based on a standardized assessment of adaptive functioning; and
4. The child must be recommended for an ICF/ORC level of care based on a medical evaluation.

The following must be met to document a diagnosis of a developmental disability and need for 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 as defined above, which is documented by the results of a diagnostic tool.[9]

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.[10] The assessment must show that the child 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, licensed physician's assistant, or certified registered nurse practitioner that indicates that the child is recommended for ICF/ORC level of care, or an MA 51 form completed by a licensed physician, licensed physician's assistant, or certified registered nurse practitioner that documents that the child is recommended for an ICF/ORC level of care.

[9] A diagnosis of Global Developmental Delay meets the criteria for children 4 years of age or younger.

[10] An example of a standardized assessment of adaptive functioning is the Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson) or the Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson). The AE must have the ability to score the standardized assessment of adaptive functioning. Please refer to Attachment 2 for Common Intelligence Measures and Six Major Areas of Life Activity.

Please see the Reevaluation section, specifically *Children Age Eight and Older with a Developmental Disability,* for how to determine continued TSM eligibility after the child turns 9.

If there is no documentation of the results of the diagnostic tool(s) and assessment or a standardized assessment of adaptive functioning available for the child, the AE shall provide the child's parent or guardian with a list of resources that can assist them with obtaining the necessary assessments. If it is unclear from existing documentation if a child has substantial adaptive skill deficits in three or more areas of major life activity, the AE shall assist the child's parent or guardian with obtaining a second review of existing documentation to receive a second opinion.

Initial ICF/ORC Level of Care Evaluation for an Individual 21 Years of Age or Younger with a Medically Complex Condition

There are four criteria that must be met for a child or young adult with a medically complex condition to be determined eligible for an ICF/ORC level of care:

1. The individual has a medically complex condition, which is defined as one or more chronic health conditions that cumulatively affect three or more organ systems, and require medically necessary nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration, or other bodily functions.
2. The individual is 21 years of age or younger;
3. The individual has substantial adaptive skills deficits in three or more areas of major life activity based on a standardized assessment of adaptive functioning; and
4. The individual is recommended for an ICF/ORC level of care based on a medical evaluation.

The following must be met to document a diagnosis of a medically complex condition and need for 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 child or young adult has a medically complex condition, as defined above. The professional who certifies that a child or young adult has a medically complex condition must document that the child or young adult has a medically complex condition on form DP 1090.

2. A QDDP who meets the criteria established in 42 CFR § 483.430(a) must certify that the child or young adult has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning.[11] The assessment must show that the individual has a significant limitation in meeting the standards of maturation, learning, personal independence, or social responsibility of the individual's age and cultural group. The assessment must show that

[11] An example of a standardized assessment of adaptive functioning is the Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson) or the Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson). The AE must have the ability to score the standardized assessment of adaptive functioning. Please refer to Attachment 2 for Common Intelligence Measures and Six Major Areas of Life Activity.

the child or young adult 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 or young adult is 21 years of age or younger.

4. Documentation of a current medical evaluation performed by a licensed physician, licensed physician's assistant, or certified registered nurse practitioner that indicates that the child or young adult is recommended for ICF/ORC level of care, or an MA 51 form completed by a licensed physician, licensed physician's assistant, or certified registered nurse practitioner that documents that the child or young adult is recommended for an ICF/ORC level of care.

Note: Both a DP 1090 and an MA 51 or medical evaluation is required.

If there is no documentation of the results of the diagnostic tool(s) and assessment or a standardized assessment of adaptive functioning for the child or young adult, the AE will provide the young adult or the child's parent or guardian with a list of resources that can assist them with obtaining the necessary assessments. If it is unclear from existing documentation if a child or young adult has substantial adaptive skill deficits in three or more areas of major life activity, the AE shall assist the young adult or the child's parent or guardian with obtaining a second review of existing documentation to receive a second opinion.

Determination for Individuals who Have no Prior Record of Testing Before the Age of 22

For individuals who are age 22 or older, and the AE does not have records to verify the individual meets the required level of care or there are no prior records of testing, clinical judgment may be used to determine whether the age of onset of an ID or autism and impairment in adaptive functioning was prior to the individual's 22nd birthday. Necessary testing (that is, intellectual, diagnostic testing and adaptive functioning) is still required to determine an individual's eligibility for the TSM service. For more information, please see Attachment 2.

Common Intelligence Measures and Guidelines for Standardized Assessments for All TSM Eligibility Determinations

In order to ensure the individual is eligible for TSM services, the individual needs to complete certain assessments and meet the intelligence measures, when applicable. This information can be found in Attachment 2, which explains the measures and thresholds for all potential scores typically reported in standardized adaptive assessments.

2. RE-EVALUATION OF ALL INDIVIDUALS RECEIVING TSM

The MA 51 or a medical evaluation must be completed and dated no more than 3 years prior to the annual re-evaluation for all individuals receiving TSM. The QDDP is responsible for tracking and making sure this requirement is met as part of the QDDP's Annual Level of Care Re-Evaluation duties. If the individual is served by a provider that is licensed and the licensing regulations require a more frequent physical examination, the provider must comply with the licensing regulations.

3. ANNUAL RE-EVALUATION FOR ICF/ORC LEVEL OF CARE[12]

All individuals with autism or a medically complex condition, and 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 be eligible for TSM. To conduct the re-evaluation, the QDDP should complete the Level of Care Re-Evaluation Tool that uses the Supports Intensity Scale Adult Version (SIS-A®) scores to determine if the individual continues to require an ICF/ORC level of care and the DP 251. The Level of Care Re-Evaluation Tool will only use the standard scores indicated in the SIS-A® report (see Attachment 2). The re-evaluation must include a review of the individual's ISP to validate that the individual is receiving TSM.

Per the AE Operating Agreement, the AE is responsible for re-evaluating an individual's need for an ICF/ORC level of care. The first re-evaluation of need for an ICF/ORC level of care is to be made within 365 days of completion of the initial DP 250, *Certification of Need for ICF/ID or ICF/ORC Level of Care*, determining an individual's initial eligibility for TSM and annually thereafter (within 365 days). Form DP 251, *Annual Recertification of Need for an ICF/ID or ICF/ORC Level of Care*, must be used to document the re-evaluation. The AE is responsible for making sure that the QDDP's recertification of need for an ICF/ORC level of care is based on the re-evaluation.

A SIS-A® must be requested by the Targeted Support Manager within 60 business days of a Supports Coordination Organization's (SCO) acceptance of the referral for individuals who require an ICF/ORC level of care. All individuals age 14 and older should have a SIS-A® on file to be used for the re-evaluation of ICF/ORC level of care. In the event that a SIS-A® has not been completed prior to the annual re-evaluation of ICF/ORC level, the QDDP must complete the annual re-evaluation using the criteria for determining the initial eligibility for the ICF/ORC level of care.

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 SIS-A® Summary, if available.

[12] 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.

Finally, after completion of the re-evaluation process, the QDDP will 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 sign the notification letter and DP 251 and notify the individual, the parents, guardians or surrogates of children, if applicable, or persons designated by the individual, and the Targeted Support Manager within 20 calendar days of the completion and signing of the DP 251 form. A copy of the completed DP 251 form must be included with the notification letter. The AE will maintain the original DP 251.

If the SIS-A® data does not reflect that an individual has substantial adaptive skill deficits in three or more areas of major life activities, the QDDP will use the initial level of care process as part of the re-evaluation process. If the QDDP uses the initial level of care process, a new standardized assessment of adaptive functioning[13] must be completed and the AE must request a current medical evaluation, including the DP 1090, if the child or young adult has a medically complex condition. For an individual to be eligible for TSM, the current medical evaluation must state that the individual is recommended for an ICF/ORC level of care. The AE must maintain the original Level of Care Re-Evaluation Tool. A new SIS-A® assessment should not be requested.

If an individual does not have a completed SIS-A®, the following is required:

- If the individual is 14 years of age or older, a SIS-A should be requested through the Targeted Support Manager.
- If the individual is 13 years of age or younger, the initial level of care evaluation process (described above) should be used to determine if the individual continues to meet ICF/ORC level of care requirements.
- If the individual is 13 years of age or younger and has a medically complex condition, a DP 1090 should be completed.
- If there is an unanticipated emergency, the initial level of care evaluation process should be used for all individuals and a SIS-A® should be requested for individuals age 14 or older.

<u>Children Age Eight and Older with a Developmental Disability</u>

Children who are age 8 and older and eligible for TSM because they have a developmental disability must be re-evaluated during their 8th year (prior to their 9th birthday) to determine if they continue to meet level of care criteria to remain eligible for TSM.

- If a child has an ID, autism, or a medically complex condition, the AE will issue a DP 251 to indicate the child continues to be eligible for TSM.
- If the child is no longer eligible for TSM, the AE will refer the child to other sources for support, such as the Office of Children, Youth and Families; the Office of Mental Health and Substance Abuse Services; or the Office of Long-Term Living, as applicable, and inform the child of the date that TSM services will end.

[13] The AE must have the ability to score the standardized assessment of adaptive functioning, please see Attachment 2.

Individuals with Medically Complex Conditions

Individuals who have a medically complex condition must be re-evaluated prior to their 22nd birthday to determine if they continue to meet the level of care criteria to remain eligible for TSM.

- If an individual has an ID or autism, the AE will inform the individual of their right to choose between continuing to receive TSM or ending TSM and receiving services from another program office such as the Office of Mental Health and Substance Abuse Services or the Office of Long-Term Living.
    - If the individual chooses to continue receiving TSM, the AE will issue a DP 251 to indicate the individual continues to be eligible for TSM.
    - If the individual chooses to receive services from another program office, the AE will assist with the referral and inform the individual of the date that TSM will end.
- If the individual is no longer eligible for TSM, the AE will refer the individual to another program office for services and inform the individual of the date TSM will end.

Special Circumstances for Level Of Care Evaluation and Re-evaluation

1. The Standardized General Intelligence Test: Although all individuals can be evaluated or assessed, testing may not be appropriate for all individuals. Clinicians should attempt to test an individual using a standardized general intelligence test. However, there may be situations where the use of such a test will not be feasible due to the extent of an individual's profound intellectual impairment and the clinician may exercise their clinical judgement to use a measure other than a standardized general intelligence test.

   When a standardized general intelligence test is not used, the psychological report must include a statement from the clinician explaining why the clinician chose not to use a standardized general intelligence test. 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 can be substituted for the requirement for a standardized general intelligence test.

   In situations where the individual manifests serious impairments of adaptive functioning, the burden is on the examiner when certifying sub-average intellectual functioning to avoid misdiagnosis and to rule out such factors as emotional disorder, social conditions, sensory impairment, or other variables which might account for the deficits in adaptive functioning.

2. The Standardized Assessment of Adaptive Functioning: If an individual currently lives in or has lived in an ICF/ID or an ICF/ORC, a standardized general intelligence test and standardized assessment of adaptive functioning is not required to determine the individual's eligibility for TSM if a utilization review was completed in accordance with 42 CFR Part 456, Subpart F, and dated within 365 days prior to the AE's or County MH/ID Program's determination of need for ICF/ID or ICF/ORC level of care.

4. INDIVIDUALS WITH ID AND INDIVIDUALS WITH AN ICF/ORC LEVEL OF CARE DETERMINATION CONFLICT OF INTEREST

The County MH/ID Program or AE must ensure that no conflict of interest exists in the eligibility determination process. Any eligibility determination for TSM performed by a QDDP, agency, or individual employed or affiliated with a facility who has a conflict of interest will not be accepted.

Certification by County MH/ID Program or AE staff for an individual with ID or an individual with an ICF/ORC level of care is acceptable if the staff is not directly involved in the provision of services to the individual. Certification for the individual with ID or an individual with an ICF/ORC level of care will not be accepted from:

- A QDDP employed or affiliated with an ICF/ID, ICF/ORC or nursing facility from which an individual is being referred or discharged.
- 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 individual with ID or an individual with an ICF/ORC level of care to ensure a conflict-free determination.

5. APPEALS AND HEARINGS

If the AE or County MH/ID Program determines that the individual is not eligible to receive TSM, the AE or County MH/ID Program must communicate this decision to:

- The individual;
- The parent(s) of a child;
- The guardian(s) or surrogate(s), if applicable; and
- Persons designated by the individual.

Please see ODP Bulletin 00-26-01, Policies and Procedures for Appeals and Hearings for Individuals Who Request or Receive an Office of Developmental Programs Funded Service contained in or its successor for more information.

6. GUIDANCE FOR TARGETED SUPPORT MANAGERS ABOUT THE PROVISION OF TSM SERVICE

Initial Assessment and Annual Reassessment of Individual Needs

Comprehensive assessments and periodic reassessments of the individual should be used to identify the individual's strengths, skills, abilities, preferences, and 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 visual, motor, or language impairments must be described and documented.

The County MH/ID Program or AE must send a referral with the individual's information to the Targeted Support Manager. The Targeted Support Manager is responsible for performing an initial assessment within 45 days of the SCO accepting the referral in ODP's information system[14] to determine the individual's need for medical, educational, social or other services or support. If the 45-day timeline cannot be met, the Targeted Support Manager must document all activities in service notes so there is a record explaining the circumstances that caused the Targeted Support Manager to exceed the 45-day requirement. The Targeted Support Manager is required to complete a reassessment annually or sooner if there is a significant change in the individual's need.

The Targeted Support Manager may use a formal or informal assessment, which 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.
- Identifying and documenting the individual's needs for services and support.
- The LifeCourse framework.
    - The LifeCourse framework is used by the Targeted Support Manager 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 support necessary to promote growth and development and to achieve the individual's desired outcomes.

If the individual has an unmet need, a PUNS may need to be completed within 45 days of the SCO accepting the referral in ODP's information system (see Attachment 4 for resources to access the PUNS manual).

Initial Assessment and Annual Assessment of Children who are Age 0-3

A child with a developmental disability may also be receiving services through OCDEL's Early Intervention (EI) Program when an SCO accepts the referral for TSM. If the Targeted Support Manager is unable to identify the EI service coordinator, the Targeted Support Manager should contact the child's local county EI Program office for assistance with identifying the EI service coordinator. The Targeted Support Manager should obtain the following from the EI service coordinator:

- Current assessment(s)
- A release of information signed by the child's parent or guardian

[14] There is not a standardized tool for the initial or annual assessments. The completion of the ISP is not the same as the completing the assessments. Please refer to section 2 of the ISP Manual that provides detail about ODP's requirements regarding assessments.

- Current Individualized Family Service Plan (IFSP)

The Targeted Support Manager must collaborate with the child's EI service coordinator to ensure that services are not duplicated. After reviewing assessments and other documentation provided by the EI Program, the Targeted Support Manager will need to determine if additional information needs to be obtained from the child and family to render TSM.

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.

7. ISP REQUIREMENTS

The ISP identifies information about the individual, such as health and safety needs, and summarizes all initial assessment and annual assessment results.

The Targeted Support Manager is responsible for providing the ISP Signature Form (DP 1032) to the following and ensuring its completion at the conclusion of the meeting:

- The individual;
- The parent(s) of a child;
- Guardian(s) or surrogate(s), if applicable; and
- Persons designated by the individual.

Except for children who have an IFSP completed by OCDEL, individuals who receive TSM must have a full ISP. For children with an IFSP, information from the IFSP must be incorporated into an abbreviated ISP.

More information regarding the ISP process that must be followed by the Targeted Support Manager, County MH/ID Programs, and AEs can be found in the current ISP Bulletin 00-22-05, 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.

8. TRANSITION ACTIVITIES FOR INDIVIDUALS MOVING FROM AN INSTITUTIONAL SETTING INTO A COMMUNITY SETTING

An SCO may bill transition activities, including planning for the transition, for individuals, including children, who reside in or are inpatients of a nursing facility, acute care hospital or ICF/ID who are transitioning to a community setting. The SCO may bill for transition activities even if the individual was not able to successfully transition into a community setting as planned. SCOs may bill for transition activities as soon as they begin 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 SCOs 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 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 the Consolidated, Community Living, Person/Family Directed Support or Adult Autism Waiver (ODP 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.[15] In addition, if the individual is in a 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 and TSM and transition activities may not be billed regardless of the length of time the individuals remain in that setting. An "institution for mental disease" includes state and private psychiatric hospitals and licensed or accredited inpatient psychiatric facilities. "Inmates of public institutions" include individuals incarcerated in city, county, state or federal correctional facilities. The federal regulations relating to institutionalized individuals and services provided in an "institution for mental disease" and a "public institution" may be found at 42 CFR § 435.1009.

9. **MONITORING REQUIREMENTS**

After the SCO accepts the TSM referral for an individual in ODP's information system, an initial face-to-face monitoring must occur after the initial ISP meeting and prior to the first ISP Annual Review Update. In each subsequent year, Targeted Support Managers must complete at least one face-to-face monitoring with the individual annually, 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 try to accommodate the surrogate or parent so that they may be present for the monitoring. If the surrogate or parent cannot be present, the reason should be

[15] 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.

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. SCOs must use the Department's approved information system to enter face-to-face monitoring information and record service activity within ODP's guidelines.

10. ENROLLED 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 SCO.

To be an enrolled provider, an SCO must meet the requirements in the State Plan and the 1915(b)(4) Selective Contracting Waiver. Selective contracting is referred to as Performance-Based Contracting and information about Performance-Based Contracting is available at PBC SCO Services – MyODP.

11. BILLING

SCOs are responsible for ensuring that they bill for TSM in accordance with the policy discussed in this bulletin. SCOs should verify that the individual being served is eligible for MA by accessing EVS or eCIS. Payment for TSM is made through the state's MA billing system (PROMISe).[16] 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 SCO may complete TSM activities and bill for these activities prior to signed consent.

If a Targeted Support Manager participates in a billable activity and there are additional case managers or supports coordinators funded through other Medicaid programs who may bill MA, payment will be made in accordance with 55 Pa. Code § 1247.53(b), relating to limitations on 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."

MA payment cannot be made for duplicate 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 and billed.

ATTACHMENTS:

Attachment 1: Pennsylvania State Plan Amendment for TSM

Attachment 2: Common Intelligence Measures and Six Major Areas of Life Activity

[16] Waiver-funded Supports Coordination (SC) activities are not reimbursable as TSM. For base-funded SC services, please consult the County MH/ID Program. If an individual is no longer eligible for MA, please consult the County MH/ID Program or AE.

Attachment 3: Individuals with No Prior Eligibility Record

Attachment 4: Resources for TSM

OBSOLETE BULLETINS:

00-22-01, Targeted Support Management for Individuals Served by the Office of Developmental Programs