South Dakota Department of Social Services

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JUSTICE-INVOLVED YOUTH TARGETED CASE MANAGEMENT
Targeted Case Management Overview

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What is Targeted Case Management? Targeted Case Management provides time limited services to juveniles currently in and/or recently released from a carceral setting where the services are intended to provide a bridge to community reentry and to establish care with community providers. A carceral setting is defined as: state and federal prisons, local jails, tribal jails and prisons, and all juvenile detention and youth correction facilities.

Demographic and Time Frame Covered

Medicaid covered services are for youth in carceral settings and can be administered 30 days pre-release and up to 60 days post release.

- No provider orders or referrals are required to administer Targeted Case Management services.
- No Medicaid enrollment changes are required for currently enrolled Medicaid providers.

Targeted Case Manager Qualifications

1. Must be part of a care team of an enrolled Medicaid Provider (organization or individual provider) and receive supervision by an approved provider. (See full list of approved providers at https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Justice_Involved_Youth_Targeted_Case_Management_and_Pre-Release_Services.pdf). Qualifications include: a bachelor's or associate degree in a human services related field OR, in lieu of a degree, has a high school diploma, is a Certified Community Health Worker, and has at least 6 months of training and/or case management experience.
2. OR must be employed or under contract with a Public Safety Organization with all the qualifications met above.
3. OR must be a Certified Community Health Worker or social worker and employed by an enrolled Community Health Worker Agency.

Recipient Eligibility

1. Be enrolled in Medicaid.
2. Be under 21 years of age and enrolled in any eligibility group, OR 18-26 and enrolled in the mandatory former foster care youth aid eligibility group.
3. Is an inmate in a public institution and is adjudicated, set for release within 30 days into the community or other non-carceral setting, or was an inmate (defined above) within the last 60 days.

Important Things to Know

1. Services should be delivered face-to-face or via telehealth with visual and audio capabilities being preferred.
2. Services cannot be billed outside of the identified parameters of 30 days prior to release (post adjudication) and 60 days after release.
3. If recipient is receiving services from another provider, a warm handoff to another identified Targeted Case Manager should occur at discharge of services and should include an initial meeting between the new Targeted Case Manager, the current Targeted Case Manager, and the Medicaid Recipient.
4. Services cannot be duplicative of what other Medicaid state plan/waiver or demonstration care managers are providing under: Health Home Programs, BabyReady Program, Home and Community Based Services, or Community Mental Health Center.

Covered Targeted Case Management Services

Assist eligible individuals in gaining access to medical, social, educational, and other services.

1. **Healthcare needs assessment and reassessment**
   - Must be completed within 7 days of the first day of services.
2. **Person-centered care plan development**
   - Informed by the needs assessment including goal development with the active participation of the recipient.
3. **Arranging screening and diagnostic services**
   - Assist in scheduling pre-release services including a wellness exam with screenings for behavioral health, dental, hearing, and vision. The scheduling of screening is coordinated by the Targeted Case Manager but provided by an enrolled Medicaid provider.
4. **Referrals and related activities**
   - Linking to services identified in the needs assessment and goals of the care plan.
5. **Monitoring and follow-up activities**
   - Ensuring services are occurring according to the care plan goals and are adequate in meeting the needs of the recipient or adjusting the plan if needed.

Billing Information

1. Must be an approved Medicaid provider to bill for Targeted Case Manager services and meet the above requirements.
2. Services must utilize codes provided in the billing and policy manual (same as previous link).
3. Follow the approved fee schedule (must use modifier codes for telehealth visits): https://dss.sd.gov/medicaid/providers/feeschedules/
4. Must maintain accurate records to support billing.

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