

D. **Definition of services:** (continued)

3. Routine communication with the recipient and the recipient's family, legal representative, caregivers, service providers, and other relevant people identified as necessary to the development or implementation of the goals of the individual service plan.
4. Coordinating referrals for, and the provision of, targeted case management services for the recipient with appropriate service providers.
5. Coordinating and monitoring the overall service delivery to ensure quality of services, appropriateness, effectiveness, and continued need.
6. Assistance to the recipient and the recipient's legal representative to help make an informed choice of services.
7. Advocating on behalf of the recipient when service barriers are encountered, or referring the recipient and the recipient's legal representative to an independent advocate.
8. Meeting face-to-face or by interactive video that meets the requirement in state statute with the recipient at least twice a year ~~which may occur via telephone, interactive video, or in person.~~
9. Completing and maintaining necessary documentation supporting and verifying targeted case management activities.
10. If a recipient is a resident or inpatient of an inpatient hospital, nursing facility, or intermediate care facility for persons with intellectual disabilities (ICF/DD), coordinating with the facility discharge planner in the 180-day period before the recipient's discharge. Institutions for mental diseases (IMDs) are not included in this facility list.

The above components of targeted case management services must fall within the following parameters to be eligible for medical assistance payment:

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7. Advocating on behalf of the recipient when service barriers are encountered, or referring the recipient and the recipient's legal representative to an independent advocate.
8. Meeting face-to-face or by interactive video that meets the requirement in state statute with the recipient at least twice a year. ~~The use of interactive video may substitute for no more than 50 percent of the required face-to-face meetings.~~
9. Completing and maintaining necessary documentation supporting and verifying targeted case management activities.
10. If a recipient is a resident or inpatient of an inpatient hospital, nursing facility, or intermediate care facility for persons with developmental disabilities (ICF/DD), coordinating with the facility discharge planner in the 180-day period before the recipient's discharge. Institutions for mental diseases (IMDs) are not included in this facility list.

The above components of targeted case management services must fall within the following parameters to be eligible for medical assistance payment: