

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 0 8 - 0 7	2. STATE Oklahoma
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 1, 2009
---	---

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Parts 431, 440, and 441	7. FEDERAL BUDGET IMPACT a. FFY <u>2008</u> \$ <u>0</u> b. FFY <u>2009</u> \$ <u>0</u>
---	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Refer to Attachment	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Refer to Attachment
--	---

10. SUBJECT OF AMENDMENT

Targeted case management services for children under age 18 who are assessed as at risk of abuse or neglect as defined in Title 10A §1-1-105 of the Oklahoma Statutes and who are in emergency, temporary or permanent custody of the Department of Human Services (DHS) or in voluntary status who are placed in out-of-home care or trial adoption.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED March 31, 2008	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 31 March, 2008	18. DATE APPROVED 25 October, 2010

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 December, 2009	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Div of Medicaid & Children's Health

23. REMARKS

c: Mike Fogarty
Cindy Roberts
Tywanda Cox
Traylor Rains

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

TARGETED CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

The target group includes children under age 18 who are assessed as at risk of abuse or neglect as defined in Title 10A §1-1-105 of the Oklahoma Statutes and who are in emergency, temporary or permanent custody of the Department of Human Services (DHS) or in voluntary status who are placed in out-of-home care or trial adoption.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- X Entire State
Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services [42 CFR 440.169(b)]: Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
- taking client history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;

TN# 08-07 Approval Date 10-25-10 Effective Date 12-1-09
Supersedes TN# 97-10

SUPERSEDES: TN 97-10

STATE Oklahoma
DATE REC'D 3-31-08
DATE APPV'D 10-25-10
DATE EFF 12-1-09
HCFA 179 08-07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Targeted Case Management (continued)

Definition of services (continued)

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 1. services are being furnished in accordance with the individual's care plan;
 2. services in the care plan are adequate; and
 3. changes in the needs or status of the individual are reflected in the care plan.
 Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

X At-Risk Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
[42 CFR 440.169(e)]

Qualifications of providers [42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)]:

Case Management Agency Qualifications:

The provider agency must:

1. Meet applicable State and Federal laws governing the participation of providers in the Medicaid program.
2. Be certified by the OHCA as a qualified At-Risk Case Management Provider.

SUPERSEDES: TN- 97-10

STATE	<u>Oklahoma</u>
DATE REC'D	<u>8-31-08</u>
DATE APPV'D	<u>10-25-10</u>
DATE EFF	<u>12-1-09</u>
HCFA 179	<u>08-07</u>

Revised 12-01-09

TN# 08-07 Approval Date 10-25-10 Effective Date 12-1-09
 Supersedes
 TN# 97-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Targeted Case Management (continued)

Qualifications of providers (continued)

Certification Process

The At-Risk Case management provider must:

1. Demonstrate that their staff has experience working with the target population.
2. Have a minimum of five years experience in providing all core elements of case management including:
 - a. Individual strengths and needs assessment
 - b. Needs-based service planning
 - c. Service coordination and monitoring
 - d. Ongoing assessment and treatment plan revision.
3. Have adequate administrative capacity to fulfill State and Federal requirements.
4. Have financial management capacity and system that provides documentation of services and costs.
5. Have capacity to document and maintain individual case records in accordance with State and Federal requirements.
6. Have ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program including, but not limited to, the ability to meet Federal and State requirements for documentation billing and audits.
7. Have a minimum of five years experience in providing the case management services that coordinate and link the community resources required by the target population.
8. Have a minimum of five years experience in meeting the case management and service needs of the target population, including statewide contract management/oversight and administration of services funded through the Oklahoma Children's initiative.

At-Risk Case Manager Qualifications:

1. Must be employed by an approved provider agency;
2. Possess a minimum of a bachelor of social work degree; or a bachelor degree and one year of experience in professional social work; or a master's degree in behavioral science.
3. Possess knowledge of laws, rules, regulations, legislation, policies and procedures as they pertain to:
 - a. Social work;
 - b. Laws, rules, regulations and policies and procedures governing agency programs;
 - c. Community resources;
 - d. Human development stages and related dysfunctions;
 - e. Sensitivity of cultural diversity; and
 - f. Emotional, physical and mental needs of client

SUPERSEDES: TN- 97-10

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>3-31-08</u>	
DATE APPV'D	<u>10-25-10</u>	
DATE EFF	<u>12-1-09</u>	
HCFA 179	<u>08-07</u>	

Revised 12-01-09

TN# 08-07 Approval Date 10-25-10 Effective Date 12-1-09

Supersedes

TN# 97-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Targeted Case Management (continued)
At-Risk Case Manager Qualifications (continued)

4. Possess skill in:
- a. Interviewing;
 - b. Getting clients to explore opportunities and extracting information;
 - c. Casework management;
 - d. Setting goals in cooperation with clients;
 - e. Time management;
 - f. Prioritizing and organizing needs of clients;
 - g. Courtroom testimony, terminology and procedures;
 - h. Crisis intervention;
 - i. Working with a multidisciplinary approach; and
 - j. Developing, evaluation and modifying an intervention plan on an ongoing basis.

Freedom of choice [42 CFR 441.18(a)(1)]:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
- 2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception [§1915(g)(1) and 42 CFR 441.18(b)]:

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services [42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)]:

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>3-31-08</u>	
DATE APP'D <u>10-25-10</u>	
DATE EFF <u>12-1-09</u>	
HC FA 179 <u>08-07</u>	

Revised 12-01-09

TN# 08-07 Approval Date 10-25-10 Effective Date 12-1-09

Supersedes
TN# 97-10

SUPERSEDES: TN- 97-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Targeted Case Management (continued)

Payment [42 CFR 441.18(a)(4)]:

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records [42 CFR 441.18(a)(7)]:

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. [42 CFR 441.18(c)]

FFP is only available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. [§1902(a)(25) and 1905(c)]

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>3-31-08</u>	
DATE APPV'D	<u>10-25-10</u>	
DATE EFF	<u>12-1-09</u>	
HCFA 179	<u>08-07</u>	

Revised 12-01-09

TN# 08-07 Approval Date 10-25-10 Effective Date 12-1-09

Supersedes

TN# 97-10

SUPERSEDES: TN- 97-10