

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 0 8 - 0 8	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
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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>2010</u> \$ <u>0</u> b. FFY <u>2011</u> \$ <u>0</u>
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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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Refer to Attachment
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10. SUBJECT OF AMENDMENT

Targeted Case Management for persons under 18 who are in temporary custody or supervision of the Office of Juvenile Affairs

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**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL **State 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, 2010	18. DATE APPROVED 19 August, 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
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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 involved in, or at serious risk of involvement with the juvenile justice system (excludes those who are involuntarily in secure custody of law enforcement or judicial systems).

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;

All youths are given a Youth Level of Service Inventory, at the beginning of case assignment. The scored YLSI assigns a level of risk to eight different areas/categories within the lives of the clients. Any areas showing a moderate (or higher) risk score, result in goals and action steps within Individualized Treatment Service Plans. Each youth is scored, again, at least once, every six months. Should behavior shifts or life-changing events materialize, prior to six months, the youths are reassessed, and the Individualized Treatment Service Plans are adjusted to reflect the latest needs. Any change in services or service providers is done at this time, as well.

Revised 12-01-09

TN# 08-08 Approval Date 8-19-10 Effective Date 12-1-09

Supersedes

TN# 97-11

SUPERSEDES: TN- 97-11

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Targeted Case Management (continued)

Definition of services (continued)

- ❖ 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;

- ❖ 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.

The workers visit with the youths at least once, each month, face-to-face, to review progress as outlined within the Individualized Treatment Service Plans. The workers also are to visit with the parents, or legal guardians, monthly. The workers are to remain in contact with the service providers, constantly, to stay aware of treatment and progress. Weekly consultation with service providers and youths (often by telephone) are common. Additional input from parents and school personnel, too, remain part of good case management, and can occur as often as weekly / monthly, respectively. Should treatment needs change, in type or frequency, that, too, can be handled in a timely manner, with information gained from the ongoing contact with the youth, family, and service providers.

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Revised 12-01-09

TN# 08-08 Approval Date 8-19-10 Effective Date 12-1-09

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 7b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Targeted Case Management (continued)
Definition of services (continued)

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.

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.
9. Have responsibility for planning and coordinating statewide juvenile justice and delinquency prevention services in accordance with Title 10, Section 7301-1-2 of Oklahoma Statutes.

Revised 12-01-09

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Targeted Case Management (continued)

At-Risk Case Manager Qualifications:

1. Must be employed by an approved provider agency;
2. Possess a minimum of a bachelor's degree in a behavioral science, or a bachelor's degree and one year of professional experience in juvenile justice or a related field;
3. Possess knowledge of laws, rules, regulations, legislation, policies and procedures as they pertain to:
 - a. The State administration of juvenile justice and the investigation of juvenile delinquency;
 - b. Community resources;
 - c. Human developmental stages and related dysfunctions, social work theory and practices;
 - d. Sensitivity of cultural diversity;
 - e. Clinical and counseling techniques and treatment of juvenile delinquency
4. Possess skill in:
 - a. Crisis intervention;
 - b. Gathering necessary information to determine the needs of the child;
 - c. Casework management;
 - d. Courtroom testimony, terminology and procedures;
 - e. Effective communication
 - f. Developing, evaluating and modifying and intervention planning on an ongoing basis;
 - g. Establishing and maintaining constructive relationships with children and their families;
 - h. Helping families become and maintain as functional family units;
 - i. Working with courts and law enforcement entities .
5. Have the ability to access multi-disciplinary staff, when needed. This includes at a minimum, medical professionals as needed and a child protective services social worker.

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.

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Targeted Case Management (continued)

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.

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).

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Targeted Case Management (continued)

Limitations (continued)

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)]

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Revised 12-01-09

TN# 08-08 Approval Date 8-19-10 Effective Date 12-1-09

Supersedes _____ SUPERSEDES: NONE - NEW PAGE

TN# _____

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

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 involved in, or at serious risk of involvement with the juvenile justice system (excludes those who are involuntarily in secure custody of law enforcement or judicial systems)

Government Providers

The reimbursement methodology is based upon qualifying costs for the eligible population from the 2009 Cost Allocation Plan with a unit of service equal to one week. The TCM unit rate is a prospective flat rate based on a qualifying TCM worker contact with the client in the target population or with some other person on behalf of the client during the claim period.

The weekly rate covers both service provision and administrative costs. The rates are based on an average of direct, general and administrative and information technology costs which were obtained from provider agencies within the state. Direct costs include those items necessary for the provision of the service such as salaries, benefits, travel costs, phone, training, and professional clinical consultation. General and administrative costs and information technology are 4% of the total direct costs. The resulting rate is \$299.44 per week based on 23,349 contacts per year.

Private Providers

Private providers will be paid in accordance with the methodology in Attachment 4.19-B, Page 22 of this plan.

Non-Duplication of Services

Payment for TCM services under the plan do not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private provider of case management for children at risk of abuse or neglect and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency website at www.okhca.org. The agency's fee schedule rate is set as of December 1, 2009 and is effective for services on or after that date.

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A

Revised 12-01-09

TN# 08-08
Supersedes
TN# 00-05

Approval Date 8-19-10

Effective Date 12-1-09

SUPERSEDES: TN- 00-05