



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

Bruce Goldberg, MD, Director
Department of Human Services
Human Services Building
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number #08-010

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Oregon State Plan Amendment (SPA) Transmittal Number #08-010.

The amendment was submitted to change the reimbursement methodology for Developmental Disabilities Targeted Case Management (TCM) services from a monthly state-wide rate to a per-contact-per individual-per day methodology.

This SPA is approved effective April 2, 2008, as requested by the State.

If you have any questions concerning this SPA please contact me, or have your staff contact Wendy Hill Petras of my staff at (206) 615-3814 or wendy.hillpetras@cms.hhs.gov.

Sincerely,

/s/

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs
James Toews, Assistant Director, Seniors and People with Disabilities

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 08-10	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE April 1, 2008 - April 2, 2008 (p:i)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS 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 440.169 and Part 441	7. FEDERAL BUDGET IMPACT: a. FFY 2008 \$ 3,189,319 (p:i) b. FFY 2009 \$ 13,352,377 (p:i)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, Pages 1, 2, 3, 3a and 3b, Attachment 4.19-B, Pages 4, 4a, 4b and 4c. 4j (p:i)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment to Supplement 1 to Attachment 3.1-A, Pages 1, 2 and 3. Attachment 4.19-B, Pages 4, 4a and 4b.

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to revise the reimbursement methods for the Developmental Disabilities TCM program.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>	16. RETURN TO: Division of Medical Assistance Programs Department of Human Services 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, Title XIX Coordinator
13. TYPED NAME Jim Edge Bruce Goldberg, MD	
14. TITLE: Administrator, DMAP Director, DHS	
15. DATE SUBMITTED: 6/27/08	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 27 2008	18. DATE APPROVED: JAN 27 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 2, 2008	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: Barbara K. Richards	22. TITLE: Associate Regional Administrator

23. REMARKS:
12/22/08 pen and ink changes authorized by state. Children's Health
9/29/09 & 10/02/09 pen & ink changes authorized by state
10/05/09 pen & ink changes authorized by state
1/05/10 pen & ink changes authorized by state

Targeted Case Management
Developmentally Disabled Comprehensive Waiver, Model Waivers and TCM-only

Target Group:

Targeted case management services are provided to eligible Medicaid recipients who:

- Have a developmental disability; and
- Are enrolled in the Developmental Disability Comprehensive Waiver (#0117.R04.00); or
- Are enrolled in one of the model waivers (#'s 40193, 40194, and 0565); or
- Receive only case management services.

Developmental disability is a disability attributable to mental retardation, autism, cerebral palsy, epilepsy, or other neurological handicapping condition which requires training similar to that required by persons with mental retardation, and the disability:

- Originates before the person attains the age of 22 years, except that in the case of mental retardation the condition must be manifested before the age of 18;
- Has continued, or can be expected to continue, indefinitely; and
- Constitutes a substantial handicap to the ability of the individual to function in society.

For case management services provided to individuals in medical institutions:

Target group comprised of individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

Areas of state in which services will be provided:

- Entire State
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

Comparability of services:

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount duration and scope.

1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

Definition of services:

Targeted case management services are 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:

Assessment and periodic reassessment of individual needs:

These annual assessment (more frequent with significant change in condition) activities include:

- Taking client history;
- Evaluation of the extent and nature of recipient's needs (medical, social, educational, and other services) and completing related documentation;
- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- 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:

To help an eligible individual obtain needed services including activities that help link and individual with:

- Medical, social, educational providers; or
- Other programs and services capable of providing needed services to address identified needs and achieve goals specified in the care plan such as making referrals to providers for needed services, and scheduling appointments for the individual.

Monitoring and follow-up activities:

Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. The activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:

- Services are being furnished in accordance with the individual's care plan;
- Services in the care plan are adequate; and
- If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.

Targeted case management may include contact 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 managers are employees of a Community Developmental Disabilities Program (CDDP), or employees of Seniors and People with Disabilities Division (SPD), or other public or private agency, contracted by a local community mental health authority or the Seniors and People with Disabilities Division (SPD).

Case managers must have a minimum of:

- A bachelor's degree in behavioral science, social science, or closely related field; or
- A bachelor's degree in any field and one year of human services related experience; or
- An associate's degree in a behavioral science, or closely related field and two years human services related experience.

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. Eligible recipients will have free choice of the providers of case management services within the specified geographic area identified in this plan.

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

Providers of targeted case management services are limited to employees of a Community Developmental Disabilities Program (CDDP), or other public or private agency contracted by a local community mental health authority or the Seniors and People with Disabilities Division (SPD).

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

The State assures that:

- Targeted case management services will not be used to restrict an individual's access to other services under the plan; [section 1902(a)(19)]
- Individuals will not be compelled to receive target case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services; [section 1902(a)(19)]
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.[42 CFR 431.10(e)]
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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 §441.169 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 §441.169 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 only is 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))

Payment Methodology for Targeted Case Management for Persons with Developmental Disabilities Comp waiver services.

Oregon will pay for qualifying targeted case management activities on a per-contact-per-day methodology. Oregon will limit payment to one targeted case management contact per individual per day. If two distinct, qualifying targeted case management contacts are provided to a single individual in a single day, Oregon will only pay for one targeted case management contact for that individual.

The agency's state-wide rates were set as of (07/01/2009) and are effective for services on or after that date. All rates are published on the agency's website. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the departments website at <http://www.oregon.gov/DHS/spd/provtools/>.

The targeted case management rate is derived using the following formula:

Total cost to Seniors and People with Disabilities (SPD) Division to provide targeted case management divided by projected biennial case management contacts.

The total cost to SPD of providing targeted case management includes:

- Targeted case management staff salary and other personnel expenses;
- Supervisory salary and other personnel expenses in support of ICM services; and
- Indirect expenses (General government service charges, worker's comp, property insurance, etc).

The sum of these expenses is then multiplied by 95%.

SPD will monitor targeted case management utilization to ensure services are being administered economically and efficiently. Adjustments to the targeted case management rate may be made periodically during the biennium if targeted case management contacts are materially different from beginning-of-biennium projections.

New targeted case management contact rates will be established at the beginning of each state biennium period using this same methodology.

TN 08-10
Supersedes TN 94-10

Approved:

Effective Date: 4/2/08

JAN 27 2010