DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

MAY 27 2010

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 08-015

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of the Oregon State Plan Amendment (SPA) Transmittal Number 08-015.

This amendment sunsets the existing reimbursement methodology of paying for Targeted Case Management Services (TCM) provided to substance abusing parents with young children based on a monthly rate. The revised reimbursement methodology, effective July 1, 2009, utilizes a fee schedule payment to providers based on 15 minute increments.

This SPA is approved effective July 1, 2009, 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,

[redacted]

Carol J.C. Peverly
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc:
Judy Mohr-Peterson, Administrator, Division of Medical Assistance Programs
Sandy Hansen, State Plan Coordinator, Division of Medical Assistance Programs

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **08-15**

2. STATE: Oregon

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~April 1, 2008~~ ~~April 2, 2008~~ (P&I) 7/01/2009 (P&I)

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 $ 300,000
b. FFY 2009 $ 600,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
19-22a (P&I)
Supplement 1to Attachment 3.1-A, Page ~~20-23~~ and
Attachment 4.19B, Page ~~4f.~~ 4g (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment to Supplement 1to Attachment 3.1-A, Page 20-23 and Attachment 4.19B, Page 4f.

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to revise the reimbursement methods for the Targeted Case Management (TCM) program for substance abusing parents with young children.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]

13. TYPED NAME: Jim Edge / Bruce Goldberg, MD

14. TITLE: Administrator, DMAP / Director, DHS

15. DATE SUBMITTED: 6/27/08

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 27 2008

18. DATE APPROVED: MAY 27 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2009

20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]

21. TYPED NAME: Carolyn Beverly

22. TITLE: Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:
12/22/2008 State authorized Pen & Ink changes.
10/05/2009 State authorized Pen & Ink changes.
4/08/2010 State authorized Pen & Ink changes.
5/19/2010 State authorized Pen & Ink changes.

FORM HCFA-179 (07-92)

Targeted Case Management
Substance Abusing Pregnant Women and Substance Abusing Parents with Children under Age 18

Target Group:

Medicaid eligible individuals that are Substance Abusing Pregnant Women and Substance Abusing Parents of children under age 18, who are identified, through referral from individuals, providers or community agencies, to have alcohol and/or drug addiction issues, but who are not yet ready to actively engage in addiction treatment services.

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) Polk, Yamhill, Linn, Benton, Jackson and Marion.

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:
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. Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs:
These assessment activities include:

- Taking client history;
- Evaluation of the extent and nature of individual'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.
- Evaluation of the capacity of the individual to meet their personal needs and adhere to service advice and recommendations made
- Evaluation of the capacity of the individual's social network and available human services agencies/ organizations to address the eligible individual's needs
- Reevaluation (reassessment) of individual will occur at a minimum on an annual basis or as needed to identify unresolved and or emerging needs, to guide appropriate revisions in the care plan (Reassessment).

Development (and periodic revision) of a specific care plan: The care plan will be based on the information collected through the assessment and will include the following:

- Specifies the goals and actions needed to address the medical, psycho-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
- Identify 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 an eligible individual obtain needed services including:

- Activities that help link and individual with medical, social, educational providers; or
- Other programs and services that are capable of providing needed services (including food vouchers, transportation, child care and housing assistance to address identified needs and achieve goals specified in the care plan;

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.

Case management may include contact with non-eligible individuals, which are directly related to identifying the needs and supports for helping the eligible individual to 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 will possess a combination of education and experience necessary to support case planning, referral and client monitoring to effectively engage individuals who are identified as having potential substance abuse issues or conditions that are lacking readiness to engage in active treatment. This experience will demonstrate an understanding of issues relating to substance abuse, as well as needed community supports and linkages that will enable the individual to prepare for treatment. In addition, providers must demonstrate continuous sobriety under a nonresidential or independent living condition for the immediate past two (2) years.

The Department will authorize locally-based agencies that are licensed, certified or have received a letter of approval from the Addictions and Mental Health Division. Individuals may provide these services if verified by an agency holding a letter of approval from the Addictions and Mental Health Division. Qualified Case Managers must meet the following qualifications as outlined in Oregon Administrative Rule:

1. Licensed Medical Providers, Qualified Mental Health Professionals, Qualified Mental Health Associates; or
2. Who possess certification as an Alcohol and Drug Counselors (CADC) levels I, II or III; or
3. Have completed a Peer Services Training Program following a training curriculum approved by the Addictions and Mental Health Division and is:
    a. A self-identified person currently or formerly receiving mental health services; or
    b. A self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or
    c. A family member of an individual who is a current or former recipient of addictions or mental health services.

These providers must have oversight by a Clinical Supervisor meeting the requirements in Oregon Administrative Rule, in alcohol and other drug treatment programs, certified or licensed by a health or allied provider agency to provide addiction treatment, and have one of the following qualifications:

1. Five years of paid full-time experience in the field of alcohol and other drug counseling; or
2. A Bachelor's degree and four years of paid full-time experience in the social services field, with a minimum of two years of direct alcohol and other drug counseling experience; or
3. A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct alcohol and other drug counseling experience.

Providers will have continuing education requirements as specified by the agency providing Clinical Supervision specific to alcohol and other drug treatment.

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 individuals will have free choice of the providers of case management services within the specified geographic area identified in this plan.
- Eligible individuals will have free choice of the 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 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 services (including targeted case management) 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;
- 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 re-evaluation of the plan.

Limitations:
Case Management does not include the following:

- 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 Substance Abusing Parents with young Children

Payment for Medicaid eligible individuals in the target group will be based on 15 minute units of service with a maximum of sixteen (16) units per month. Billing providers will document the scope, frequency and duration of services;

Rates will be developed using a market based payment methodology utilizing statewide usual and customary data for case management services currently in effect prior to the implementation date of this amendment. The rates utilized are the same for private and governmental providers. Rates are reviewed at least every two (2) years for approved cost of living adjustments authorized by the Oregon Legislative. Fee schedule was last updated 1/1/09 and are effective for services on or after that date.

Statewide fee schedule rates and any annual/periodic adjustments to those rates will be published on the Department's website.

All services will be documented as required by Oregon Administrative Rule and/or Department procedure. Providers of targeted case management services will submit a CMS 1500 form to the Department's Medicaid Management Information System (MMIS) detailing the encounter as follows:

Date of Service
Name of Individual
Performing Provider Information
Procedure Code
Units of Service
Place of Service
U&C Charge