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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 09-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



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

12.22.09

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 #09-007

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services has completed our review of the Oregon State Plan Amendment (SPA) Transmittal Number# 09-007.

The amendment splits the current Developmentally Disabled (DD) Targeted Case Management (TCM) program for Medicaid beneficiaries with developmental disabilities into two programs. One DD TCM program will serve beneficiaries who are enrolled in Oregon's 1915(c) Home and Community Based Services (HCBS) Support Services Waiver (#0375), and a second TCM program will serve all other Medicaid beneficiaries in the State. This second target group is comprised of individuals who meet the waiver's level of care requirement and have chosen to self-direct HCBS.

This SPA is approved effective July 1, 2009, as requested by the State.

If you have any questions concerning this sSPA, 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,

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

cc:

Judy Mohr-Peterson, Administrator
James Toews, SPD Assistant Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
09-07

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
July 1, 2009

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 \$ -0-
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Supplement 1 to Attachment 3.1-A and Attachment
4.19B, page 4K (P+I)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

**Supplement 1 to Attachment 3.1-A and Attachment
4.19B- (P+I)**

10. SUBJECT OF AMENDMENT: This transmittal is being revised to split Targeted Case Management services for
Developmental Disabilities into support services waiver and Comp populations.

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]

16. RETURN TO:
Division of Medical Assistance Programs
Department of Human Services
500 Summer Street NE E-35
Salem, OR 97301

13. TYPED NAME: **Jiml Edge** / **Bruce Goldberg, MD**

14. TITLE: **Administrator, DMAP** / **Director, DHS**

15. DATE SUBMITTED:

ATTN: Carole Van Eck, Title XIX Specialist

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **JUN 30 2009**

18. DATE APPROVED: **DEC 22 2009**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JUL 01 2009**

20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]

21. TYPED NAME: **BARBARA K. RICHARDS**

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

23. REMARKS:

Pen+ink changes authorized by the state on 6/30/2009.

Targeted Case Management
Developmentally Disabled
Self Directed Support Services Waiver Only

Target Group:

Targeted case management services are provided to adults with developmental disabilities who are enrolled in the 1915(c) Support Services Waiver (#0375). This target group is comprised of individuals who meet the level of care requirement and have chosen to self-direct home and community-based services. This choice is based on information provided by case managers prior to waiver enrollment that participants or their support team will be required to self-direct services included under this waiver.

Developmental disability is a disability attributable to mental retardation, autism, cerebral palsy, epilepsy, or other neurological disabling 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 limitation to the ability of the individual to function in society.

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 or Support Services Waiver, 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 activities (more frequent with significant change in condition) 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:

The care plan includes:

- Information collected through the assessment;
- Goals and actions to address the medical, social, educational, and other services needed by the individual;
- 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
- A course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

These activities are designed to assist eligible individuals in obtaining services from:

- Medical, social, educational providers; or
- Other programs and services capable of providing needed services, such as 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 addresses the individual's needs. The activities and contact may be with the individual, his or her family members, providers, other entities or individuals. The contact will be conducted as frequently as necessary, but at least annually, to assure the 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.

The Case Record includes:

- the name of the individual;
- the dates of case management services;
- the name of the provider agency (if relevant) and the person providing the case management service;
- the nature, content, units of case management services received, and whether goals specified in the care plan have been achieved;
- whether the individual has declined services in the care plan;
- the need for, and occurrences of, coordination with other case managers;
- a timeline for obtaining needed services; and
- a timeline for reevaluation of the plan;

Targeted 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.

Qualifications of providers:

Personal agents providing case management services are paid employees of a Support Services Brokerage. Each personal agent who provides case management must have a minimum of:

- An undergraduate degree in a human services field and at least one year experience in the area of developmental disabilities; or
- Five years of equivalent training and work experience related to developmental disabilities; and
- Knowledge of the public service system for developmental disability services in Oregon.

Freedom of Choice:

The State assures that the provision of targeted 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 targeted case management services within the specified geographic area identified in this plan.

Freedom of Choice Exception:

Providers of targeted case management services are limited to employees of a Support Services Brokerage under contract with the Division of Seniors and People with Disabilities (SPD).

Access to Services:

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 targeted 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)].
- Personal agents do not exercise the State Medicaid Agency's authority to authorize or deny the provision of other services under the plan.

Limitations:

Targeted Case Management does not include the following:

- Activities not consistent with the definition of targeted case management services under section 6052 of the Deficit Reduction Act;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred. (2001 SMD)
- Activities for which third parties are liable to pay. (2001 SMD)

Payment Methodology for Targeted Case Management for Persons with Developmental Disabilities
Accessing Support Services

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

Payment for 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.

Payment for targeted case management services under the Self-Directed Support Services waiver are made only for participants of the Self-directed Support Services 1915(c) waiver program (#0375). A system edit confirms the participant's enrollment in the Support Services waiver and that a support services brokerage is designated as the provider of the targeted case management service. This system edit prevents targeted case management payments from being made under both the Comprehensive Services waiver and Self-Directed Support Services waiver.

The agency's state-wide rates were set as of 7/01/2009 and are effective for services on or after that date. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the department's website under "Reports and Other Documents" at:
<http://www.oregon.gov/DHS/spd/provtools/>.

Targeted Case Management for persons with Developmental Disabilities accessing support services is only provided by private entities.

The targeted case management cost-based rate is derived using the following formula:
Total cost to Seniors and People with Disabilities (SPD) to provide targeted case management divided by projected biennial case management contacts.

The total cost to SPD of providing case management includes:

- Targeted case management staff salary and other personnel expenses;
- Supervisory salary and other personnel expenses in support of TCM 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 09-07

Approved:

Effective Date: 7/1/09

DEC 22 2009