

State of Oregon

Limitations on Services

**Provider Qualifications.**

Program Coordinator: Responsibilities include supervision of staff, providing overall direction to the program, planning and coordinating program activities and delivery of services, and assure the safety and protection of children/youth and staff.

The Minimum Qualifications- A Bachelor's Degree, preferably with major study in psychology, Sociology, Social Work, Social Sciences, or a closely allied field, and two years experience in the supervision and management of a residential facility for care and treatment of children/youth.

Social Service Staff: Responsibilities include Case Management and the development of service plans; individual, group and family counseling; individual and group skills training; assist the Child Care Staff in providing appropriate treatment to children/youth-, coordinate services with other agencies; document treatment progress.

The Minimum Qualifications- A Masters Degree with major study in Social Work or a closely allied field and one year of experience in the care and treatment of children/youth, or a Bachelor's Degree with major study in Social Work, psychology, Sociology, or a closely allied field and two years experience in the care and treatment of children/youth.

Child Care Staff: Responsibilities include direct supervision and control of the daily living activities of children/youth, assisting social service staff in providing individual, group and family counseling, skills training, provide therapeutic interventions to children/youth as directed by the individual treatment plans to address behavioral and emotional problems as they arise, monitor and manage the children's/youth's behavior to provide a safe, structured living environment that is conducive to treatment.

Minimum Qualifications- Require that no less than 50% of the Child Care Staff in a facility have a Bachelor's Degree. Combination of formal education and experience working with children/youth may be substituted for a Bachelor's Degree. Child Care are members of the treatment team and work under the direction of a qualified Social Service staff or a Program Coordinator.

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ATTACHMENT 3.1-B  
Page 7

State/Territory: OREGON

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): AGED, BLIND, DISABLED

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
- \_\_\_ Provided: \_\_\_ With limitations\*  
\_\_\_ Not provided.
- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.
- \_\_\_ Provided: \_\_\_ With limitations\*  
\_\_\_ Not provided.
20. Extended services for pregnant women.
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.
- \_\_\_ Provided: + \_\_\_ Additional coverage ++
- b. Services for any other medical conditions that may complicate pregnancy,
- \_\_\_ Provided: + \_\_\_ Additional coverage ++ \_\_\_ Not provided.
21. Certified pediatric or family nurse practitioners' services.
- \_\_\_ Provided: \_\_\_ No limitations \_\_\_ With limitations\*  
\_\_\_ Not provided.
- + Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this Attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment-

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LIMITATION ON SERVICES

20.a. Extended Services to Pregnant Women

Pregnancy-related and post partum services provided for 60 days after the pregnancy ends include:

1. Major categories of service:
  - a. inpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
  - b. outpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
  - c. laboratory and X-ray services, with limitations specified in Attachment 3.1-A, page 1.b;
  - d. physician services, with the limitations specified in Attachment 3.1-A, page 2.a;
  - e. clinic services, with limitations specified in Attachment 3.1-A, page 4.a;
  - f. prescribed drugs, with limitations specified in Attachment 3.1-A, page 5.a;
  - g. diagnostic services;
  - h. nurse-midwife services, with limitations specified in Attachment 3.1-A, page 7.a;
  - i. transportation, with limitations specified in Attachment 3.1-A, page 7.a;
  - j. all emergency medical services.
2. Additional Services to Pregnant Women:
  - a. An initial needs assessment to assess the basic needs of the expectant mother, provided by a licensed physician, physician's assistant, nurse practitioner, social worker, or a registered nurse with a minimum of two years of experience, or by an individual under the supervision of one of the above practitioners.
  - b. Ongoing case management including development and monitoring to assist the expectant mother in obtaining and effectively utilizing the necessary health and related social services, provided by provider of a type described in Attachment 3.1-A, page 8a Section 20.a.2.a.

LIMITATION ON SERVICES

20.a. Extended Services to Pregnant Women

2. c. High risk management provided to expectant mothers identified as being at risk for a low birth weight baby who have demonstrated an inability to follow medical treatment and other service plan parameters. Identification of risk will be made by a licensed physician or nurse practitioner with services provided by a provider of a type described in Attachment 3.1a, page 8a Section 20.a.2a.
- d. Nutritional counseling for expectant mothers who have clinical indications identified and for which adequate services are not available from a local Women Infants and Children Program (WIC), provided by a registered dietician, or; an individual with a bachelor's degree in a nutrition related field with two years of related work experience.
- e. Home visits, requiring a home assessment and specified training and education, are available to all pregnant women. These services are limited to a maximum of four home visits per pregnancy. These services can be provided by any provider qualified for Maternity Case management Services.

b. Services for any other medical conditions that may complicate pregnancy include:

1. Major categories of services:
  - a. inpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
  - b. outpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
  - c. rural health clinic services and other ambulatory services, with limitations specified in Attachment 3.1-B, page 1.b;
  - d. laboratory and X-ray services, with limitations specified in Attachment 3.1-A, page 1.b;
  - e. physician services, with the limitations specified in Attachment 3.1-A, page 2.a;

LIMITATION ON SERVICES (cont.)

- f. home health services, with limitations specified in Attachment 3.1-A, page 2.a;
- g. private duty nursing services, with limitations specified in Attachment 3.1-A, page 3.a;
- h. clinic services, with limitations specified in Attachment 3.1-A, page 4.a;
- i. physical therapy and related services, with limitations specified in Attachment 3.1-A, page 4.b;
- j. prescribed drugs, with limitations specified in Attachment 3.1-A, page 5.a;
- k.. diagnostic services;
- l. nurse-midwife services, with limitations specified in Attachment 3.1-A, page 7.a;
- m. transportation, with limitations specified in Attachment 3.1-A, page 7.a.;
- n. all emergency medical services.

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ATTACHMENT 3.1-B  
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State/Territory: OREGON

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Aged, Blind and Disabled

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
- Provided       No limitations       With limitations\*
- Not Provided:
23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
- Provided       No limitations       With limitations\*
- Not Provided:
- b. Services provided in Religious Nonmedical Health Care Institutions..
- Provided       No limitations       With limitations\*
- Not Provided:
- c. Reserved.
- d. Nursing facility services provided for patients under 21 years of age.
- Provided       No limitations       With limitations\*
- Not Provided:
- e. Emergency hospital services.
- Provided       No limitations       With limitations\*
- Not Provided:
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
- Provided       No limitations       With limitations\*
- Not Provided:

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LIMITATION ON SERVICES (Cont.)

23.a. Transportation

All non-emergency medical transportation requires authorization of payment. Authorization of payment is not required for emergency transportation. OMAP Medical Transportation Services guide describes the services provided.

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State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Aged, Blind, Disabled

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25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided  Not Provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home setting.

Provided:  State Approved (Not Physician) Service Plan Allowed

Services Outside the Home Also Allowed

Limitations Described on Attachment

Not provided.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: **OREGON**

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount of Basis for Determination
	Deduct.	Coins.	Copay.	

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: OREGON

B. The method used to collect cost sharing charges for medically needy individuals:

- X  Providers are responsible for collecting the cost sharing charges from individuals.
- The agency reimburses providers the full Medicaid rate for services and collects the cost.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Medi caid recipients who indicate to the provider that they cannot pay the co-payment at the time the service is provided cannot be refused services because of their inability to pay. However, recipients are liable for the copayment and are expected to pay the co-payment when they are able to do.

Providers are informed that they cannot refuse services to a Medicaid recipient solely because of the recipient's inability to pay the co-payment. The provider can use any other legal means to collect.

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below.

Adjustments to provider reimbursement amounts and exclusions from cost sharing requirements are programmed into the Point-of sale System (POS).

**P&I** Individuals under 19: The MMIS and POS system automatically verifies benefits and age requirements and will override the co-payment for recipients under 19. Additionally the medical ID card shows the recipients date of birth should the provider wish to verify age prior to collection of co-payment.

Pregnant Women: The MMIS and POS reporting codes will identify and exclude pregnant woman from cost share. If the case has not been previously identified and coded the provider is instructed to contact provider services for an override of the co-payment.

**JAN - 3 2003**

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OMAP will not make any additional reimbursements when a third party payor (other than Medicare) pays an amount equal to or greater than the OMAP reimbursement, or 100 percent of billed charges.

8. UPPER LIMITS ON PAYMENT OF HOSPITAL CLAIMS

A. PAYMENTS WILL NOT EXCEED TOTAL OF BILLED CHARGES

Excepting for Type A hospitals which are reimbursed 100% of costs by Oregon statute, the total reimbursement during each hospital's fiscal year for inpatient services, including the sum of DRG payments, cost-outlier, capital, direct medical education, and indirect medical education payments shall not exceed the individual hospital's total billed charges for the period for these services.

If the total billed charges for all inpatient claims during the hospital's fiscal year is less than the total OMAP payment for those services, the overpayment shall be recovered.

B. PAYMENTS WILL NOT EXCEED FINALLY APPROVED PLAN

Total reimbursements to a State operated facility made during OMAP's fiscal year (July 1 through June 30) may not exceed any limit imposed under Federal law in a finally approved plan.

Total aggregate inpatient reimbursements to all hospitals made during OMAP's fiscal year (July 1 through June 30) may not exceed any limit imposed under Federal law in a finally approved plan.

9. DISALLOWED PAYMENTS

Payment will not be made to hospitals for non-emergency admissions if the appropriate prior authorization has not been obtained. Payment will not be made to hospitals for admissions determined not to be medically necessary. OMAP will not reimburse for non-covered services. OMAP may disallow payment for physicians' services provided during patient hospitalizations for which prior approval was required but not obtained.

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