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

RECEIVED

FOR: HEALTH CARE FINANCING ADMINISTRATION

MAR 28 2003

1. TRANSMITTAL NUMBER: **03-03**

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, 2003

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:
1915(g) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2003-2004 $ 125,000
b. FFY 2004-2005 $ 125,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment to Supplement 1 to Attachment 3.1-A, pages 24-27
Attachment 4.19 B, Page 4 G (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Oregon (03-03)
Approved: 06/26/03
Effective: 04/01/03

10. SUBJECT OF AMENDMENT:
This transmittal is being submitted to add the federally recognized indian tribes in the State of Oregon who are not currently case management services.

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:
Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL: Lynn Read Jean Thorne

13. TYPED NAME: Lynn Read Jean I. Thorne

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: 3/26/03

16. RETURN TO:
Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAR 28 2003

18. DATE APPROVED: ~~JUN 27 2003~~ JUN 26 2003

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APR - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL: /S/

21. TYPED NAME: Karen S. O'Connor

22. TITLE: Associate Regional Administrator

23. REMARKS:

POSTMARK DATE 3/26 Salem

P&I changes authorized by the State on 6/18/03.

FORM HCFA-179 (07-92)

CASE MANAGEMENT SERVICES

Section 1915(g) of the Social Security Act is Authority for this Amendment.

Target Group (Section A of Supplement 1, State Plan Preprint)

The target group consists of individuals served by tribal programs within the State of Oregon, or receiving services from a Federally recognized Indian tribal government located in the State of Oregon, and not receiving case management services under other Title XIX programs. The target group includes elder care; individuals with diabetes; children and adults with health and social service care needs; and pregnant women. These services will be referred to as Tribal Targeted Case Management Services. This amendment does not include case management services funded by Title IV and XX of the Social Security Act, and federal and or state funded parole and probation, or juvenile justice programs.

Definition of Services (Section D of Supplement, State Plan Preprint)

Tribal Targeted Case management services are those services, which include:

1. **Assessment**
   After the need for tribal targeted case management services has been determined, the tribal case manager assesses the specific areas of concern, family strengths and resources, community resources and extended family resources available to resolve those identified issues. At assessment, the tribal case manager makes preliminary decisions about needed medical, social, educational, or other services and the level or direction tribal case management will take.

2. **Case Planning**
   The tribal case manager develops a case plan, in conjunction with the client and family (where applicable), to identify the goals and objectives, which are designed to resolve the issues of concern identified through the assessment process. Case planning includes setting of activities to be completed by the tribal case manager, the family and client. This activity will include accessing medical, social, educational, and other services to meet the clients' needs.

3. **Case Plan Implementation**
The tribal case manager will link the client and family with appropriate agencies and medical, social, educational or other services through calling or visiting these resources. The tribal case manager will facilitate implementation of agreed-upon services through assisting the client and family to access them and through assuring the clients and providers fully understand how these services support the agreed-upon case plan.

4. **Case Plan Coordination**
After these linkages have been completed, the tribal case manager will ascertain, on an ongoing basis, whether or not the medical, social, educational, or other services have been accessed as agreed, and the level of involvement of the client and family. Coordination activities include, personal, mail and telephone contacts with providers and others identified by the case plan, and well as meetings with the client and family to assure that services are being provided and used as agreed.

5. **Case Plan Reassessment**
In conjunction with the individual, the tribal case manager will determine whether or not medical, social, educational or other services continue to be adequate to meet the goals and objectives identified in the case plan. Reassessment decisions include those to continue, change or terminate those services. Reassessment will also determine whether the case plan itself requires revision. This may include assisting clients to access different medical, social, educational or other needed services beyond those already provided. Reassessment activities include, staffing and mail, personal, and telephone contacts with involved parties.

Provider Organizations

A Tribal case management provider must be an organization certified as meeting the following criteria:

A. A minimum of three years experience of successful work with Native American children, families, and elders involving a demonstrated capacity to provide all core elements of tribal case management, including: Assessment, Case Planning, Case Plan Implementation, Case Plan Coordination, and Case Plan Reassessment.

B. A minimum of three years case management experience in coordinating and linking community medical, social, educational or other resources as required by the target population.

C. Administrative capacity to ensure quality of services in accordance with tribal, state, and Federal requirements.

D. Maintain a sufficient number of case managers to ensure access to targeted case management services.

Qualifications of Case Managers within Provider Organizations:

- Completion of training in a case management curriculum.

- Basic knowledge of behavior management techniques, family dynamics, child development, family counseling techniques, emotional and behavioral disorders, and issues around aging.

- Skill in interviewing to gather data and complete needs assessment, in preparation of narratives/reports, in development of service plans, and in individual and group communication.

- Ability to learn and work with state, federal and tribal rules, laws and guidelines relating to Native American child, adult and elder welfare and to gain knowledge about community resources and link tribal members with those resources.

Freedom of Choice (Section F of Supplement 1, State Plan Preprint)

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 recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical Care under the plan.

(a) When an individual is served through an approved Section 1915(b) waiver, the terms of that waiver will govern freedom of choice of the providers of other medical care under the plan.

Payment (Section *G* of Supplement 1, State Plan Preprint)

Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. This amendment does not include case management services funded by Title IV and XX of the Social Security Act, and federal and or state funded parole and probation, or juvenile justice programs.

Payment Methodology for Tribal Targeted Case Management

"Unit" is defined as a month. A unit consists of at least one documented contact with the individual (or other person acting on behalf of the individual) and any number of documented contacts with other individuals or agencies identified through the case planning process.

Payment for tribal targeted case management will be made using an estimated monthly rate based on the total average monthly cost per client served by the provider during the last fiscal year for which audited financial statements have been filed with the Department. The costs used to derive the monthly tribal targeted case management rate will be limited to the identified costs divided by the number of clients served. Tribal targeted case management costs, direct and related indirect costs that are paid by other Federal or State programs must be removed from the cost pool. The cost pool must be updated, at a minimum, on an annual basis using a provider cost report. The rate is established on a prospective basis. In the first year, the rate will be based on estimates of cost and the number of clients served. For subsequent years, the rate will be based on actual case management costs from the previous year. A cost report must be submitted to the Department at the end of each state fiscal year (at a minimum), and will be used to establish a new rate for the following fiscal year.