

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #03-04
ATTACHMENT 2.6-A
Page 14
OMB No. 0938-

State: OREGON

<u>Citation</u>		<u>Condition or Requirement</u>
42 CFR.435.732, 435.831	4.	Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only
	a.	<u>Medically Needy</u>
	(1)	Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of ___ month (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
	(2)	If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
	(a)	Health insurance premiums, deductibles and coinsurance charges.
	(b)	Expenses for necessary medical and remedial care not included in the plan.
	(c)	Expenses for necessary medical and remedial care included in the plan.
		Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.
1902(a)(17) of the Act		Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 03-04
Supersedes TN No. 02-14

Approval Date

Effective Date 02/01/03

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #03-04
SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 8
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Oregon

INCOME LEVELS (continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 1/ 42 CFR 435.1007	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 1/ 42 CFR 435.1007
<input type="checkbox"/> Urban only				
<input type="checkbox"/> Urban & rural				
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

1/ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 03-04
Supersedes TN No. 02-14

Approval Date

Effective Date 02/01/03

HCFA ID: 7985E

supl_2.6-A

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #03-04
SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 7
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

___ Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____
For each additional person	_____

TN No. 03-04
Supersedes TN No. 02-14

Approval Date Effective Date 02/01/03

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OREGON

FINANCIAL ELIGIBILITY CONDITIONS AND REQUIREMENTS

I. GENERAL-APPLICABLE TO THE CATEGORICALLY NEEDY

A. Financial responsibility is imposed on the following relatives with respect to care and services provided under the plan:

1. Spouse for spouse

Yes.

Yes, with the following exceptions:

No responsibility is imposed

2. Parents for children under age 21

Yes.

Yes, with the following exceptions:
Limited to children under age 18

No responsibility is imposed

3. Parents for children of any age who are blind

Yes.

Yes, with the following exceptions:

No responsibility is imposed

TN No. 03-04

Approval Date

Effective Date 02/01/03

Supersedes TN No. 02-14

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

Transmittal #03-04
ATTACHMENT 3.1-B
Page 4
OMB No. 0938-0193

State/Territory: OREGON

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

8. Private duty nursing services.
// Provided // No limitation // With limitations*
9. Clinic services.
// Provided // No limitation // With limitations*
10. Dental services.
// Provided // No limitation // With limitations*
11. Physical therapy and related services.
- a. Physical therapy.
// Provided // No limitation // With limitations*
- b. Occupational therapy.
// Provided // No limitation // With limitations*
- c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.
// Provided // No limitation // With limitations*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs.
// Provided // No limitation // With limitations*
- b. Dentures.
// Provided // No limitation // With limitations*

*Description provided on attachment-

TN No. 03-04 Approval Date _____
Supersedes TN No. 02-14

Effective Date 02/01/03 _____

HCFA ID: 0140P/0102A

LIMITATIONS ON SERVICES (Cont.)12.a. Prescribed Drugs

Reimbursement is available to covered outpatient drugs of any manufacturer that has entered into and complied with an agreement under Section 1927(a) of Title XIX of the Social Security Act, which are prescribed for a medically accepted indication. Drugs subject to limitations are those outlined under Section 1927(d)(4) of Title XIX of the Social Security Act.

P&I The Department will maintain a list of drugs to be referred to as the Practitioner Managed Prescription Drug List (PDL). The PDL is a listing of prescription drugs that the Department has determined represents the most effective drug(s) at the best possible price for the selected drug classes. The PDL is developed with a governor appointed committee, the Health Resource commission (HRC), in coordination with the Drug Utilization Review Board. The HRC conducts an evidence-based evaluation of selected classes of prescription drugs covered by the Department. The HRC will make drug effectiveness recommendations to the Department.

A practitioner may prescribe any Medicaid reimbursable, FDA approved drug that is not listed on the PDL. If the practitioner in the exercise of professional judgement considers it appropriate for the diagnosis or treatment and is within the practitioner's scope of practice, he/she may prescribe a non-PDL drug by notating such anywhere on the prescription. Regardless of the PDL, prescriptions shall be dispensed in the generic form unless practitioner requests otherwise subject to the regulations outlined in 42 CFR 447.331, ORS 689.515.

P&I The state utilizes The Oregon State University College of Pharmacy for literature research and the state DUR (Drug Utilization Review) Board as the Prior Authorization committee. Criteria used to place drugs on Prior Authorization is based upon safety, efficacy and clinical outcomes as provided by the product labeling of the drug. Prescribing physicians, pharmacists, and/or designated representatives may contact the Medicaid PA unit via 1-800 phone and fax lines or by mail. Responses are issued within 24 hours of the request. Pharmacies are authorized to dispense a 72 hour supply of a prior authorized product in the event of an emergency. The program complies with requirements set forth in Section 1927 (d)(5) of the Social Security Act pertaining to prior authorization programs.

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

Transmittal #03-04
ATTACHMENT 3.1-B
Page 5
OMB No. 0938-0193

State/Territory: OREGON

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

- c. Prosthetic devices.
// Provided // No limitation // With limitations*
 - d. Eyeglasses.
// Provided // No limitation // With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
// Provided // No limitation // With limitations*
 - b. Screening services.
// Provided // No limitation // With limitations*
 - c. Preventive services.
// Provided // No limitation // With limitations*
 - d. Rehabilitative services.
// Provided // No limitation // With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
// Provided // No limitation // With limitations*
 - b. Skilled nursing facility services.
// Provided // No limitation // With limitations*

*Description provided on Attachment.

TN No. 03-04
Supersedes TN No. 02-14

Approval Date

Effective Date 02/01/03

HCFA ID: 0140P/0102A

STATE OF OREGON

LIMITATION ON SERVICES

13.d. Rehabilitative Mental Health Services

Mental health rehabilitative services include coordinated assessment, therapy, daily structure/support, consultation, medication management, skills training and interpretive services. The Mental Health and Developmental Disability Services Division (the Division) may provide these services in various settings, including residential. Each contract or subcontract provider of rehabilitative services establishes a quality assurance system and a utilization review process. Each contract or subcontract provider, in conjunction with a representative quality assurance committee, writes a quality assurance plan to implement a continuous cycle of measurement, assessment and improvement of clinical outcomes based upon input from service providers, clients and families served, and client representatives.

The Division provides mental health rehabilitative services through approved Comprehensive Services Providers (CSPS) or Mental Health Organizations (MHOs). The CSPs or MHOs may provide services directly or through subcontract providers in a variety of settings. For CSP subcontract providers, the Division must grant a certificate of approval for the scope of services to be reimbursed.

Licensed Medical Practitioners (LMPs), defined below, provide ongoing medical oversight. LMPs document the medical necessity and appropriateness of services by approving comprehensive mental health assessments and individualized treatment plans at least annually.

Clinical Supervisors, defined below, provide documented clinical oversight, at least every three months, of the effectiveness of mental health treatment services delivered by Qualified Mental Health Associates (QMHAS) and by Qualified Mental Health Professionals (QMHPs).

An "LMP" means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:

1. Holds at least one of the following educational degrees and valid licensure:
 - a. Physician licensed to practice in the State of Oregon;
 - b. Nurse Practitioner licensed to practice in the State of Oregon; or
 - c. Physician's Assistant licensed to practice in the State of Oregon; and

2. Whose training, experience and competence demonstrates the ability to conduct a comprehensive mental health assessment and provide medication management.

A "Clinical Supervisor" means a QMHP with at least two years of post graduate clinical experience in a mental health treatment setting who subscribes to a professional code of ethics. The Clinical Supervisor, as documented by the LMHA, demonstrates the competency to oversee and evaluate the mental health treatment services provided by a QMHA or QMHP.

A "QMHP" means a Licensed Medical Practitioner or any other person meeting the following minimum qualifications as documented by the LMHA or designee:

1. Graduate degree in psychology;
2. Bachelors degree in nursing and licensed by the State of Oregon;
3. Graduate degree in social work;
4. Graduate degree in a behavioral science field;
5. Graduate degree in a recreational, art, or music therapy; or
6. Bachelor's degree in occupational therapy and licensed by the State of Oregon; and
7. Whose education and experience demonstrates the competencies to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multi axial DSM diagnosis; write and supervise a treatment plan; conduct a comprehensive mental health assessment; and provide individual, family, and/or group therapy within the scope of their training.

A "QMHA" means a person delivering services under the direct supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. A bachelor's degree in a behavioral sciences field; or
2. A combination of at least three year's relevant work, education, training or experience; and
3. Has the competencies necessary to:
 - a. Communicate effectively;
 - b. Understand mental health assessment, treatment and service terminology and to apply the concepts; and
 - c. Provide psychosocial skills development and to implement interventions prescribed on a treatment plan within their scope of practice.

Only LMPs, QMHPs, or QMHAs may deliver the mental health treatment services specified in the Division's Rehabilitative Services Payment Schedule.

STATE OF OREGON

LIMITATION ON SERVICES

13.d. Rehabilitative Alcohol & Drug Services

Alcohol and drug rehabilitative services are provided upon recommendation of a physician to eligible clients through comprehensive agencies or facilities granted a Letter of Approval by the Office of Alcohol and Drug Abuse Programs, Department of Human Resources. The services to be provided include assessment, outpatient treatment, methadone dispensing, treatment monitoring, consultation, and acupuncture.

The services will be provided by any person meeting the following minimum qualifications:

Physician licensed to practice in Oregon;

Graduate Degree in Psychology;

Graduate Degree in Social Work;

Graduate Degree in Nursing and licensed in the State of Oregon;

Acupuncturist licensed to practice in Oregon;

Any other person whose education and experience meet the standards and qualifications established by the State Office of Alcohol and Drug Abuse Programs through administrative rule.

TN# 88-21
Supersedes TN #87-9

Date Approved

Effective Date 10/1/88

State of Oregon

Limitations on Services

13.d. School-Based Rehabilitative Services

School-based rehabilitative services are health-related services that:

- a) address the physical or mental disabilities of a child,
- b) are recommended by health care professionals, and
- c) are identified in a child's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP).

School-based rehabilitative services are delivered by providers approved by the Oregon Department of Education as providers of school-based health services.

School-based rehabilitative services include:

- 1) Physical and occupational therapy evaluations, and treatments
- 2) Speech evaluations and therapy treatments
- 3) Audiological services
- 4) Nursing evaluations and services
- 5) Psychological evaluations and services
- 6) Vision services

Rehabilitative services also include evaluation, screening and assessment components for those students under consideration for an IEP.

13.e. Behavior Rehabilitation Services

Behavior Rehabilitation Services are provided to children/youth to remediate debilitating psycho-social, emotional and behavioral disorders. To provide early intervention, stabilization and development of appropriate coping skills upon the recommendation of a licensed practitioner of the healing arts within the scope of their practice within the law. Prior approval is required.

Service Description.

Behavior Rehabilitation Services may be provided in a variety of settings and consist of interventions to help children/youth acquire essential coping skills. Specific services include milieu therapy, crisis counseling, regular scheduled counseling and skills training. The purpose of this service is to remediate specific dysfunctions which have been explicitly identified in an individualized written treatment plan that is regularly