

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

1. TRANSMITTAL NUMBER:
03-10

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

RECEIVED
AUG 18 2003

4. PROPOSED EFFECTIVE DATE
October 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)(1) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2003-2004 \$ 4,027,187
b. FFY 2004-2005 \$ 4,027,187

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment to Supplement 1 to Attachment 3.1-A,
Pages 28-31
Attachment 4.A-B, page 4-g (P&I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.A-B, page 4-g (P&I)

10. SUBJECT OF AMENDMENT:

This transmittal is being submitted to add Targeted Case Management Services for Medicaid eligible clients served by the local mental health authority.

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 Thorne

16. RETURN TO:

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

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: 8-15-03

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: AUG 18 2003

18. DATE APPROVED: FEB 26 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Karen S. O'Connor

22. TITLE: Associate Regional Administrator
Division of Medicaid &

23. REMARKS: Pen and mc (P&I) changes authorized by the Children's Health 1/5/04.
8/15
Salem

CITY: Oregon (03-10)
Approved: 02/26/04
Effective: 10/01/03

TARGETED CASE MANAGEMENT SERVICES FOR MEDICAID ELIGIBLE CLIENTS
SERVED BY THE LOCAL MENTAL HEALTH AUTHORITY

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

Targeted case management services will be provided to Medicaid eligible clients seeking or obtaining mental health or substance abuse treatment from participating Local Mental Health Authorities.

Areas of State in Which Services Will Be Provided (Section B of Supplement 1, State Plan Preprint)

Entire State

- X Only in the following geographic areas (authority of S1915(g)(1) of the Act is invoked to provide services less than statewide): All areas of the state where there is a participating Local Mental Health Authority.

Comparability of Services (Section C of Supplement 1, State Plan Preprint)

Services are provided in accordance with S1902(a)(10)(B) of the Act.

- X Services are not comparable in amount, duration and scope. Authority of S1915(g)(1) of the Act is invoked to provide services without regard to the requirements of S1902(a)(10)(B).

Definition of Services (Section D of Supplement 1, State Plan Preprint)

Case Management services include in-person, electronic, telephone and mail exchanges to accomplish the following:

1. Screening and Assessment
The systematic ongoing collection of data to determine current status and identify needs in physical, environmental, psychosocial, developmental, educational, social, behavioral, emotional, and mobility areas. Data sources include client interview, existing available records, and needs assessment.

2. **Case Plan Development**
The case manager develops a case plan, in conjunction with the client and family, as appropriate, to identify goals, objectives and issues identified through the assessment process. Case planning includes determining activities to be completed by the case manager, client and family. These activities include, but are not limited to, accessing appropriate health and mental health, social, educational, vocational, transportation services, etc. to meet the clients needs.
3. **Intervention**
 - a. **Linkage** - establishing and maintaining a referral process with pertinent individuals and agencies which avoids duplication of services to clients.
 - b. **Planning** - Identifying needs, writing goals and objectives, and determining resources to meet those needs in a coordinated, integrated fashion.
 - c. **Implementation** - Putting the plan into action and monitoring its status.
 - d. **Support** - Support is provided to assist the family to reach the goals of the plan; especially if resources are inadequate or the service delivery system is non-responsive.
4. **Case Plan Reassessment**
The case manager determines whether or not the linked services continue to meet the clients needs, and if not, adjustments are made and new or additional referrals made to adequately meet the defined client needs. Reassessment may include staffings and electronic or mail exchange, personal and telephone contacts with involved parties.

Qualifications of Providers (Section E of Supplement 1, State Plan Preprint)

Case management provider organizations must be Local Mental Health Authorities that meet the following criteria:

1. **Demonstrated capacity to provide all core elements of case management services including:**
 - a. **Comprehensive client assessment**
 - b. **Comprehensive care/service plan development**
 - c. **Linking/coordination of services**
 - d. **Monitoring and follow-up of services**
 - e. **Reassessment of the client's status and needs**

2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrated experience with the target population.
4. A sufficient number of staff to meet the case management service needs of the target population.
5. An administrative capacity to ensure quality of services in accordance with state and federal requirements.
6. A financial management capacity and system that provides documentation of services and costs.
7. Capacity to document and maintain individual case records in accordance with state and federal requirements.
8. Demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program.

Case Manager Qualifications

The case manager must be a Qualified Mental Health Professional or Qualified Mental Health Associate as defined in the Oregon State Plan under Title XIX, Attachment 3.1, section 13.d. Transmittal #96-07; or

Certified Alcohol and Drug Counselor as defined in Oregon Revised Statute, Chapter 415; or

Persons employed by or working under the direction of the Local Mental Health Authority that have successfully completed a basic case management training course approved by The Department of Human Services.

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 S1902(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) Approved S1915(b) waivers will apply to free 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.

Payment Methodology for Targeted Case Management

Reimbursement for targeted case management for Medicaid eligible persons served by Local Mental Health Authorities is fee for service based on 15 minute service increments. Payments are based on a state wide fee schedule. The fee schedule will be two tiered based upon the difference in case manager qualifications.

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Supersedes TN # _____

Payment Methodology for Mental Health Targeted Case Management

"Unit" is defined as a 15-minute increment. 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 mental health targeted case management will be made based upon a statewide fee schedule. The fee schedule will be two-tiered based upon the difference in case manager qualifications. The costs used to derive the targeted case management rate will be limited to the identified costs per provider divided by the number of service hours per month expressed in 15-minute increments.

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 in the first year is established on a prospective basis. 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.

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Supersedes TN #

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