STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: ___OREGON_____________

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Targeted Case Management- Healthy Homes Program

Target Group:

Services will be provided to Medicaid eligible children with poorly controlled asthma or a history of environmentally induced respiratory distress which can result in a life threatening asthma exacerbation or exacerbation of respiratory distress.

Risk Factors for the target group could include, but are not limited to:
(a) Unscheduled visits for emergency or urgent care
(b) one or more in-patient stays
(c) history of intubation or Intensive Care Unit stay
(d) a medication ratio of less than or equal to .33
(e) environmental or psychosocial concerns raised by medical home
(f) exceeds two days of school loss per year
(g) inability to participate in sports and other activities
(h) homelessness or inadequate housing/heat/sanitation

For case management services provided to individuals in medical institutions:

☐ Target group comprised of individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

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)
Multnomah and Klamath Counties

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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, in gaining access to needed medical, social, educational and other services. Targeted case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs:
These annual assessment (more frequent with significant change in condition) activities include:

- Taking client history;
- Evaluation of the extent and nature of recipient's needs (medical, social, educational, housing, environmental, including assessment for risk of lead exposure and existence of second hand smoke and other specified asthma triggers and irritants, 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 that:

- is based on the information collected through the assessment;

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Development (and periodic revision) of a specific care plan that (Cont):

- specifies the goals and actions to address the medical, social, educational, housing, environmental (including lead abatement and removal of second hand smoke and other specified asthma triggers and irritants) and other services needed by the individual;
- includes 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
- Identifies a course of action to respond to the assessed needs of the eligible individual.

*Referral and related activities***:**
To help an eligible individual obtain needed services including activities that help link an individual with:

- Medical, social, educational, housing, environmental providers (including specialists for lead testing and removing specified asthma triggers and irritants); or
- Printed materials and websites; or
- Other programs and services capable of providing needed services to address identified needs and achieve goals specified in the care plan such as making 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 addressing the individual's needs. The activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure 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.

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Targeted case management may include contact with non-eligible individuals, that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

(1) Healthy Homes – Targeted Case Management (TCM) providers must meet the following criteria:

(a) Demonstrated capacity to provide all core elements of case management services including:
- Comprehensive nursing assessment or environmental assessment;
- Comprehensive care/service plan development;
- Linking/coordination of services;
- Monitoring and follow-up of services;
- Reassessment of the client's status and needs.

(b) Demonstrated case management experience in coordinating and linking such community resources as required by the target population;
(c) Demonstrated experience with the target population;
(d) A sufficient number of staff to meet the case management service needs of the target population;
(e) An administrative capacity to ensure quality of services in accordance with state and federal requirements;
(f) A financial management capacity and system that provides documentation of services and costs;
(g) Capacity to document and maintain individual case records in accordance with state and federal requirements, including HIPPA Privacy requirements;

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Qualifications of providers (Cont)

(h) Demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program;
(i) Enrolled as a TCM provider with the Division of Medical Assistance Programs (DMAP).

(2) The case manager must be a licensed registered nurse, registered environmental health specialist, asthma educator certified by the National Asthma Education and Prevention Program, community health worker certified in the Standford Chronic Disease Self-Management Program, or worker working under the supervision of a licensed registered nurse or a registered environmental specialist.

Freedom of Choice (42 CFR 441.18(a)(1):

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. Eligible recipients will have free choice of the providers of case management services within the specified geographic area identified in this plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

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Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):

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 target 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)]
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.[42 CFR 431.10(e)]

Payment (42 CFR 441.18(a)(4)):

Payment for case management or 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**.**

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual;
(ii) The dates of the case management services;
(iii)The name of the provider agency (if relevant) and the person providing the case management service;
(iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
(v) Whether the individual has declined services in the care plan;
(vi) The need for, and occurrences of, coordination with other case managers;
(vii) A timeline for obtaining needed services;
(viii) A timeline for reevaluation of the plan.

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Limitations:

- Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).
- Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))
- FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Targeted Case Management- Healthy Homes Program

The fee schedule developed for the Targeted Case Management is designed for specific tasks related exclusively to case management functions for this target group. It will be constructed based on the submitted direct and indirect costs of rendering allowable case management services.

Case management providers are paid on a unit-of-service basis that does not exceed one unit (encounter) per day per client. Documentation must be maintained for each encounter provided on each day. A unit is defined as one encounter per visit. A unit consists of at least one documented contact (face to face or by telephone) 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. The number of visits per child is not limited but is based on the completion of the program.

The rate will be based on the cost of providing the service. The rate will be derived by the State Medicaid agency through a formula which divides the provider's costs of providing targeted case management by the number of clients served. Healthy Homes targeted case management direct or related indirect costs that are paid by other federal or state programs will be removed from the cost pool. The cost pool will be updated at a minimum, on an annual basis using provider cost report. A cost report must be submitted to the State Medicaid agency at the end of each state fiscal year (at a minimum), and will be used to establish a new rate for the following year.

The total cost of providing targeted case management includes:

- Targeted case management staff and other personnel expenses;
- Supervisory salary and personnel expenses in support of TCM services;
- Other direct costs in support of providing targeted case management
- Indirect costs from a rate approved by the federal Dept. of Health and Human Services not exceeding 10%.

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Targeted case management expenses are aggregated within a cost object established in the provider's enterprise wide accounting system. All costs are allocated to the cost object in accordance with OMB A-87 and provider and department administrative rules and procedures. Indirect costs are allocated to the target case management program using the federally approved rate.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of case management for children with poorly controlled asthma or a history of environmentally induced respiratory distress and the fee schedule and any annual/periodic adjustments to the fee schedule are published in http://www.dhs.state.or.us/policy/healthplan/guides/tcmngmt/main.html. The agency's fee schedule rate was set as of 7/1/2010 and is effective for services provided on or after that date. All rates are published on the agency's website.