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DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD WELFARE PROGRAMS

CHAPTER 413
DIVISION 50

SUPPORT SERVICES

Updated 05/08/2024

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Special Medical Services Provided by Child Welfare

413-050-0400

Purpose

(Amended 01/01/02)

The purpose of these rules is to describe the special medical services provided by the Department of Human Services (DHS).

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

413-050-0405

Definitions

(Adopted 01/01/02)

- (1) "Administrative Exams": The Department uses the DMAP definition for Administrative Medical Examinations and Reports found in OAR 410-120-0000 which is:
"Examinations, evaluations, and reports, including copies of medical records, requested on the DMAP 729 form through the local Department office or requested and/or approved by DMAP to establish client eligibility for a medical assistance program or for casework planning."
- (2) "Other Medical Expenditure": Any payment to a licensed medical provider for a service provided to a person in the household who is not eligible or potentially eligible for Title XIX or the Oregon Health Plan, or for a certain service provided to an eligible Title XIX or Oregon Health Plan client which is not covered under Administrative Exams using the Medical Service Authorization and Invoice form, CF 501A.

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

413-050-0410

Payment for Medical Services for Administrative Exams and Other Medical

(Amended 01/01/02)

- (1) Medical expenditures can be authorized from "Administrative Exams" or from "Other Medical." In addition, for cases designated permanent planning, the Adoption Services Unit may authorize payment of certain medical services. See OAR 413-050-0450 below.

- (2) "Administrative Exams" and "Other Medical" expenditures must be authorized by the local Department manager or designee prior to the medical service. (Emergency appointments excepted)
- (3) Payment for "Administrative Exams" and "Other Medical" expenditures will be made only to medical service providers who are both licensed in their state and enrolled with the Division of Medical Assistance Programs (DMAP) for participation in the Medicaid Program (Title XIX). Such providers must have an assigned active provider number from DMAP to receive payment for their services. (See exception procedures for unlicensed or non-registered consultants or trainers in CAF Policy I-C.4.2.1 (6).)
- (4) Payment for "Administrative Exams" and "Other Medical" expenditures will be at the current published DMAP rate for the procedure code billed.

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

413-050-0420

Administrative Exams Payments

(Amended 01/01/02)

"Administrative Exams" are provided to children in Department care and custody who are eligible or potentially eligible for Title XIX or GA (General Assistance). "Administrative Exams" are also provided to parents or other adults identified on the Face Sheet in the child's case record. Parents or adults must be Medicaid or GA eligible and have medical coverage through the Oregon Health Plan on the date of service. Expenditures are federally matchable and will be paid through DMAP. An "Administrative Exam" expenditure includes any payment to a medical provider for a physical examination, psychological/psychiatric evaluation or copies of medical records in connection with:

- (1) Protective Service assessments when medical treatment or examination is necessary to evaluate and plan for child safety as per I-B.2.2(6)(a-f). "Administrative Exam" payments may be authorized regardless of whether placement is made; or
- (2) Casework planning for Title XIX or GA eligible children in substitute care; or
- (3) Evaluation and/or testing for children in their own home to determine if out-of-home placement is an appropriate case plan. "Administrative Exam" payments may be authorized regardless of whether placement is made;
- (4) Copies of hospital or medical records;
- (5) Psychiatric or psychological evaluations of parents or other adults identified in the child's case record. Parents or adults must be Medicaid or Oregon Health Plan eligible through the Oregon Health Plan;

- (6) Urinalysis collection and screening for children and/or parents or other adults identified in the child's case record. Parents or adults must be Medicaid or Oregon Health Plan eligible through the Oregon Health Plan.

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

413-050-0430

Other Medical Payments

(Amended 05/08/2024)

"Other Medical" payments are not federally matchable and are paid out of General Fund dollars. "Other Medical" is to be used for required medical services for a child in ODHS care and custody by court order or voluntary placement or custody agreement either in or out of substitute care, or parents or other adults identified in the child's case record. "Other Medical" is only to be used if the service is not available through Mental Health or DMAP as a Medicaid covered service. Payments from "Other Medical" may be made in the following situations:

- (1) Drug and alcohol assessments for persons not eligible for Title XIX or the Oregon Health Plan.
- (2) A one-time emergency medical need for children in the custody of the Department that have been returned home. This is limited to children of low-income families not eligible for medical services through the Department.
- (3) Therapy for Children in Substitute Care, if recommended by a licensed psychiatrist or psychologist who evaluated the child, and the type of therapy and/or the therapist recommended is unavailable from the local mental health clinic or through the CCO in which the child is enrolled. The therapist must be enrolled with DMAP or, failing that, there must be a signed contract in place prior to the therapy being provided. Funding availability will be determined by the District Manager or Designee (who may want to consult with the Medical Assistance Resource Coordinator to determine that there are no other resources available for funding).
- (4) Medical care for children in detention. ORS 418.034 mandates payment of the cost of medical care for the child in detention, including emergency medical care, if the child is in custody of the Department. "Medical care" means emergency medical care or medical care for a medical condition that existed prior to the child's being held in a juvenile detention facility or in a local correctional facility or lockup.
- (5) Evaluations of parents when required by the ODHS for casework planning to determine the parents' emotional stability, intellectual capacity, parenting capacity or maturity. These may include medical, psychiatric, psychological evaluations or drug and alcohol assessments. This does not include ongoing treatment or services. Payment from "Other Medical" for the above services will not be made for parents in permanent planning cases or for parents who are Medicaid eligible through the Oregon Health Plan.

- (6) Parent/child and/or sibling interaction evaluations reimbursed at the current established rates.

Stat. Auth.: ORS 418.005, ORS 409.050

Stats. Implemented: ORS 418.005, Title XIX

413-050-0440

Medical Services "Permanent Planning"

(Amended 01/09/03)

In cases designated permanent planning, the Department will make payments for necessary evaluations of parents, stepparents and/or live-in companions. This includes psychological, psychiatric and neurological evaluations, drug and alcohol assessments and parent-child interaction assessments. These services must be authorized in writing by the Adoption Services Unit prior to the services being provided.

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

413-050-0450

Medical Consultation and Training for Staff

(Amended 01/01/02)

- (1) Consultation and training for Department staff on health services problems will be paid upon approval of the Assistant Field Administrator or designee. The consultant or trainer is not required to be licensed or registered, nor to have an assigned provider number from DMAP.
- (2) Payment will be made only where there is a contract which was written and signed prior to the performance of services. (See OAR 413-330-0010.)

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

Domestic Violence Fund

413-050-0500

Policy

(Amended 01/01/05)

These rules (OAR 413-050-0500 to 413-050-0590) provide procedures for the Department of Human Services (Department) to fund programs from the Domestic Violence Fund. The 1981 Oregon Legislature established this fund to provide intervention on behalf of and support for victims of domestic violence. The Department is authorized to enter into grant contracts with public agencies or private non-profit organizations to support operation by those organizations and agencies of programs designed to prevent, identify, and treat family violence.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0510

Definitions

(Amended 01/01/05)

- (1) "Crisis line" is defined in ORS 108.610(2) and means an emergency telephone service staffed by persons who are trained to provide emergency peer counseling, information, referral, and advocacy to victims of domestic violence and their families.
- (2) "Domestic and Sexual Violence Fund Advisory Committee" means the Domestic and Sexual Violence Fund Advisory Committee established in OAR 413-050-0530.
- (3)
 - (a) "Domestic violence", defined by ORS 108.610, means the physical injury, sexual abuse or forced imprisonment, or threat thereof, of a person by another person who is related by blood, marriage or intimate cohabitation at the present or has been related at some time in the past, to the extent that the person's health or welfare is harmed or threatened thereby.
 - (b) "Domestic violence" includes a pattern of assaultive or coercive behaviors including physical, sexual, psychological, and emotional abuses, as well as economic coercion that adults use against their intimate partners to gain power and control in that relationship.
- (4) "Domestic Violence Fund" means the fund established by ORS 108.660.
- (5) "Family Violence Prevention Program" means the program within the Department funded by the Domestic Violence Fund and other related funds as available to provide shelter and related services to victims of domestic violence.

- (6) "Grantee" means a proposer that has been awarded a grant by the Department from the Domestic Violence Fund to support one or more of the projects and programs described in OAR 413-050-0515.
- (7) "Proposer" means a public agency or private non-profit organization that meets the minimum criteria contained in OAR 413-050-0515 and that applies to the Department for funding from the Domestic Violence Fund to support one or more of the projects and programs described in OAR 413-050-0570.
- (8) "Safe house" means a place of temporary refuge, offered on an as needed basis to survivors of domestic violence and their families.
- (9) "Shelter home" or "shelter facility" means a place of temporary refuge, offered on a 24 hours a day, seven days a week basis to survivors of domestic violence and their children.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0515

Qualified Services

(Amended 01/01/05)

The Department uses the Domestic Violence Fund to make grants to nonprofit private organizations and public agencies to fund programs and projects designed to prevent, identify, and treat domestic violence. Grants from the Domestic Violence Fund may be made to:

- (1) Fund shelter homes for victims of domestic violence
- (2) Fund crisis lines providing services to victims of domestic violence and their families
- (3) Fund safe houses for victims of domestic violence and their families
- (4) Develop and establish programs for professional and paraprofessional personnel in the fields of social work, law enforcement, education, law, medicine, and other relevant fields who are engaged in the field of the prevention, identification, and treatment of domestic violence and training programs in methods of preventing domestic violence

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0530

Advisory Committee

(Amended 01/01/05)

- (1) The Domestic and Sexual Violence Fund Advisory Committee (DSVFAC) established in OAR 413-050-0530 serves as the advisory committee to the Domestic Violence Fund Program. Members are elected and serve terms in accordance with the bylaws established by the advisory committee. Copies of DSVFAC bylaws and other open records are available by contacting the Department.
- (2) The Department will consult with the advisory committee regarding the administration of the Family Violence Prevention Program and each proposed change that substantially affects the program's operation.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0535

Criminal History Checks

(Amended 01/01/05)

- (1) A grantee must obtain a criminal history record check on each potential employee or volunteer who will work with victims of domestic violence.
- (2) A grantee must develop a written policy or procedure that governs the review of the criminal history record of potential employees and volunteers and the determination of whether a potential employee or volunteer, if there is a criminal history, poses a risk to working safely with victims of domestic violence. The policy or procedure must provide that the review include an examination of—
 - (a) The severity and nature of crime that appears in the criminal history;
 - (b) The number of criminal offenses;
 - (c) The time elapsed since commission of each crime;
 - (d) The circumstances surrounding each crime;
 - (e) The subject individual's participation in counseling, therapy, education, or employment evidencing rehabilitation or a change in behavior, and
 - (f) The police or arrest report and whether that report confirms the employee's or volunteer's explanation of the crime.

- (3) If the grantee determines that the potential employee or volunteer does not pose a risk to working safely with victims of domestic violence and chooses to hire the employee or volunteer, the grantee must explain in writing the reasons for hiring the individual. The written explanation must address how the potential employee or volunteer is presently suitable or able to work with victims of domestic violence in a safe and trustworthy manner, based on the policy or procedure described in section (2) of this rule. The grantee must place the written explanation in the personnel file of the employee or volunteer along with the employee's or volunteer's criminal history record.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0555

Shelter Standards

(Amended 01/01/05)

Grantees that provide shelter homes or shelter facilities must:

- (1) Comply with applicable zoning, fire, sanitary and safety regulations
- (2) Post emergency instructions in English and other primary languages used in the geographic area where the shelter home is located
- (3) Maintain an operating telephone
- (4) Provide drinking water that meets Health Division standards
- (5) Maintain medicines in locked cabinets or areas
- (6) Have first aid supplies available
- (7) Protect children from items of potential danger
- (8) Have kitchen and emergency food supplies available reflective of the cultures present in the community
- (9) Have emergency clothing available
- (10) Maintain liability and fire insurance

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 - ORS 108.660

413-050-0560

Allocation of Funds

(Amended 01/01/05)

The Department uses an equitable distribution method for funding programs throughout the state. The distribution method must be reviewed by the Domestic and Sexual Violence Fund Advisory Committee.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0565

Department Selection Criteria and Rules

(Amended 01/01/05)

The Department will conduct periodically, at least once every five years, an application process for grant from the Domestic Violence Fund. The Department may conduct the application process jointly with other agencies of the State of Oregon that also award grants or provide financial assistance to nonprofit organizations that provide intervention and support services to victims of domestic violence. The application process includes but is not necessarily limited to—

- (1) Public notification of the availability of financial assistance from the Domestic Violence Fund;
- (2) Issuance of a request for grant proposals; and
- (3) Evaluation of the proposals and the award of grants from the Domestic Violence Fund in accordance with the process and criteria set forth in the request for grant proposals and this division of administrative rules.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0570

Applications for Funding

(Amended 01/01/05)

To be considered for funding, a proposer must include the following minimum information in its proposal:

- (1) Official business name of the proposer
- (2) Business address of the proposer

- (3) Name of the persons authorized to represent the proposer in any negotiations and to sign grant contract documents
- (4) Geographic areas the proposer is proposing to serve
- (5) A statement that no attempt has been made or will be made by the proposer to induce any other person or firm to submit or not submit a proposal, except through efforts to submit collaborative proposals
- (6) A statement that the proposer accepts all of the terms and conditions contained in the request for grant proposals
- (7) A written narrative describing how the proposer will provide services and meet the requirements of these rules
- (8) All other information required by the request for grant proposals

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 409.270 to 409.285

413-050-0575

Evaluation Process

(Amended 01/01/05)

- (1) An evaluation committee of the Department reviews proposals in accordance with the process and criteria set forth in the request for grant proposals and this division of administrative rules. Because the State of Oregon wishes to fund programs to deal with victims of domestic violence offenses in all geographic areas of the state, the Department considers, as part of the evaluation process, the geographic area of the state that will be served by the proposer.
- (2) The Department will approve, approve in part and reject in part, or reject each received proposal within 60 days after the submission deadline.
- (3) The Department will provide written notification by mail to each proposer no later than five working days after the final action is taken on its proposal.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0585

Confidentiality

(Amended 01/01/05)

- (1) If a grantee keeps the location of premises used to provide services under these rules confidential, the Department will not release that information.
- (2) Grantees must keep all individual information relating to people served by programs operating under these rules confidential.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610

Targeted Case Management

413-050-0600

Purpose

(Amended 6/5/2019)

These rules provide requirements for the Department and caseworkers for the Targeted Case Management Program.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0610

Definitions

(Amended 6/5/2019)

- (1) "Caseworker" means a Child Welfare employee assigned primary responsibility for a child or young adult served by Child Welfare.
- (2) "Child " means a person under 18 years of age.
- (3) "Department" means the Oregon Department of Human Services.
- (4) "Eligible child or young adult" means an individual who is found eligible for Medicaid and the Children's Health Insurance Program (CHIP) by the Oregon Health Authority and eligible for case management services (including TCM services) as defined in the Medicaid State Plan at the time the services are furnished.
- (5) "In-home setting" means the home of the child or young adult's parent or legal guardian.

- (6) "MMIS" means the Oregon Health Authority's Health Systems Division (HSD) Medicaid Management Information System.
- (7) "OHA" means Oregon Health Authority, the agency that manages the Oregon Medicaid program.
- (8) "Targeted Case Management" or "TCM" means activities performed by the caseworker to assist children in the target population to obtain necessary medical, social, educational, counseling, or other services.
- (9) "TCM assessment" means the act of gathering information and reviewing historical and existing records of an *eligible child or young adult* in a target group to determine the need for medical, educational, social, or other services. To perform a complete *assessment*, the case manager must gather information from family members, medical providers, social workers and educators, if necessary.
- (10) "Young adult" means a person aged 18 through 20 years.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0625

Target Population

(Adopted 6/5/2019)

To be eligible for Targeted Case Management services, a child or young adult in the care and custody of the Department must meet the following criteria:

- (1) Be under age 21;
- (2) Be Medicaid eligible;
- (3) Reside in an *in-home setting*, foster home, group home, residential care facility and Public Institutions as defined in 42 CFR 435.1010, or in the Department's Independent Living Program paid for and under the responsibility of the Department;
- (4) Reside in Oregon;
- (5) Be a citizen or legal permanent resident of the United States; and
- (6) Be ineligible for Title IV-E funding.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0630

Targeted Case Management Assessment and Service Categories

(Amended 6/5/2019)

- (1) Targeted Case Management services include:
 - (a) Comprehensive TCM assessment and at a minimum an annual reassessment of individual needs. These *assessment* activities may include:
 - (A) Documenting the child or young adult's history;
 - (B) Evaluating the extent and nature of the needs (medical, social, educational and other services) and completing related documentation;
 - (C) Gathering information from other sources such as the child or young adult's family members, medical providers, social workers and educators, if necessary, to form a complete *assessment* of the child or young adult;
 - (D) Developing and periodically revising of the child or young adult's case plan that is based on the information collected through assessments; specifies the goals and actions to address the medical, social, educational and other services needed; and
 - (E) Making referrals and completing activities to help an eligible child or young adult obtain needed services including activities that link the child or young adult with service providers to meet identified needs and achieve goals specified in the case plan.
 - (b) Monitoring and arranging follow-up activities necessary to ensure the case plan is implemented and adequately addresses the child or young adult's needs and access to services.
- (2) Targeted Case Management Service Categories include:
 - (a) Assessment and Evaluation Related Services;
 - (b) Counseling/Treatment Related Services;
 - (c) Medical/Dental Related Services;
 - (d) Permanency and Adoption Related Services;
 - (e) Placement Activities;
 - (f) School/Education Related Services; and

(g) Miscellaneous Services.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0635

Choice of Provider

(Adopted 6/5/2019)

Children and young adults have the following service provider choices:

- (1) Provision of any TCM services does not restrict a child or young adult's choice of providers, in accordance with 42 CFR 441.18 (a).
- (2) Subject to the Social Security Act, 42 USC 139 and 42 CFR 441.18(b), eligible children or young adults have the option to choose from TCM service providers available to them.
- (3) Eligible children or young adults have the option to choose the providers or additional medical care covered by their health plan in OAR 410-138-0020 (8).
- (4) Eligible children or young adults have rights to change caseworkers, in accordance with Rights of Children in OAR 413-010-0170 to 0180.