

Public notice

Notice of intent – OHA will amend the Medicaid State Plan to clarify Targeted Case Management (TCM) for members in Oregon Youth Authority and Child Welfare settings.

Date: June 16, 2025

Contact: Jesse Anderson, State Plan manager

Comments due: 5 p.m. Friday, July 18, 2025

Oregon Health Authority (OHA) intends to submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services. The SPA will amend the Medicaid State Plan to distinguish TCM for Oregon Health Plan members residing in Oregon Youth Authority (OYA) settings separately from TCM for members in the care of the Oregon Department of Human Services Child Welfare program.

OHA will submit a request to also make this change to Oregon's Alternate Benefit Plan (ABP) for members who qualify for Medicaid through the Affordable Care Act. Under section 1937 of the Social Security Act, states may base their ABP entirely on their approved Medicaid State Plan if the ABP stays fully aligned with the Medicaid State Plan.

There is no estimated cost to make this change as it does not add new services. OYA and Child Welfare TCM programs are already in the Medicaid State Plan and ABP. This correction ensures both plans reflect the current structure of these programs.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

The ABP will continue to provide full access to EPSDT services to all members under age 21 through the coordinated care organization and fee-for-service delivery systems. This includes:

- Informing them that EPSDT services are available and of the need for age-appropriate immunizations.
- Covering screening services and corrective treatment the screenings identify. This includes any services coverable under the Medicaid program found medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in Oregon's Medicaid State Plan.

Cost-sharing protections

Oregon does not impose cost sharing on Medicaid beneficiaries, so no exemptions are necessary to ensure cost sharing protections for Native Americans as required by section 5006(e) of the American Recovery and Reinvestment Act of 2009.

Obtaining SPA language

Pages 3-13 shows proposed edits to existing State Plan and ABP language. You can also view the full State Plan, approved SPAs and proposed SPAs on [the OHA website](#).

How to comment:

OHA welcomes public review and input. Please send written comments by 5 p.m. Friday, July 18, 2025, to jesse.anderson@oha.oregon.gov.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Group name- Oregon Youth Authority

Target Group (42 CFR 441.18(a)(8)(i) and 441.18(a)(9):

Targeted case management services are provided to all Medicaid eligible recipients under age 21 who are currently residing in independent living situation, in-home setting; a foster home; group home; residential care facility under the responsibility of the Oregon Youth Authority (OYA)(excludes Institutions for Mental Disease and Public Institutions as defined in 42 CFR 435.1010).

Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions).

Areas of state in which services will be provided (1915(g)(1) of the Act):

Entire State

Only in the following geographic areas

Comparability of services(1902(a)(10)(B) and 1915(g)(1)):

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)).

TN 25-00
Supersedes TN NEW

Approval Date:
Effective Date: 7/1/25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management- Oregon Youth Authority

Definition of services (42 CFR 440.169):

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, to determine the need for any medical, educational, social or other services. These assessment activities include:

- Taking client history;
- Identifying the individual's needs and completing related documentation; and
- 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.

[Specify and justify the frequency of assessments]

Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that

- specifies the goals and actions to address the medical, social, educational, 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management- Oregon Youth Authority

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including

- activities that help link an individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan.Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

[Specify the type of monitoring and justify the frequency of monitoring.]

Case includes contacts 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))

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management- Oregon Youth Authority

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

Providers must meet the following criteria:

- A minimum of three years experience of successful work with children and families, involving a demonstrated capacity to provide all core elements of case management, including Assessment, Case Planning, Case Plan Implementation, Case Plan Coordination, and Case Plan Reassessment;
- 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;
- A minimum of three years experience working with the target population;
- Administrative capacity to ensure quality of services in accordance with state and federal requirements;
- Financial management system which provides documentation of services and costs.
- Capacity to document and maintain individual case records in accordance with state and federal requirements;
- Demonstrated commitment to assure a referral consistent with section 1902a(23), freedom of choice of providers;
- A minimum of three years experience demonstrating capacity to meet the case management service needs of the target population.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management- Oregon Youth Authority

Qualifications of providers (Cont):

Case Managers within OYA must meet the following criteria:

- Completion of training in case management;
- Basic knowledge of behavior management techniques, family dynamics, child development, family counseling techniques, emotional and behavioral disorders;
- 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 work with court systems, to learn state and federal rules, laws and guidelines and to gain knowledge about community resources.

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.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management- Oregon Youth Authority

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 qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services. **[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]**

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

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management- Oregon Youth Authority

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.

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))

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management- Oregon Youth Authority

Limitations (Cont):

- 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))

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management- Oregon Youth Authority

The fee schedule developed for the Targeted Case Management is designed for specific tasks related exclusively to case management functions for this target group. The fee schedule is constructed by using the market value of the individual's time (the Bureau of Labor Statistics wage level) augmented by a margin for Program Related expenditures (supervisory staff, transportation, program supplies etc.), Employment Related expenditures (mandated and other benefits), and General and Administrative (Indirect). The assumptions from which the fees are developed are expressed in the service standards, and the fees are predicated on fifteen minute increments. Oregon attests that all administrative fees are included in the rates.

To maintain adequate provider reimbursement over time, we will apply an inflation adjustment to the base year rates, accounting for rising labor costs, operational expenses, and other economic factors affecting targeted case management services.

The program intends to establish and maintain a maximum number of fifteen minute increments which can be performed and billed for any single day. This maximum will be twenty four units (24 fifteen minute increments) in any given calendar day (midnight to midnight) which corresponds to an assumption that no more than six hours would ever be provided for the same client, by the same case manager in any twenty four hour calendar day.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of X/X/XX and is effective for services provided on or after that date. All rates are published on the Agency's website at <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management- Oregon Youth Authority

The rates were developed to ensure an adequate provider network for delivering targeted case management services. The payment structure is based on current wage levels from the Bureau of Labor Statistics, with adjustments to account for the complex needs of the target population and the anticipated costs associated with providing these services.

To establish a sufficient and equitable payment rate, provider qualifications were used to compare wage data across multiple relevant job classifications. Additionally, anticipated utilization rates across detention centers, jails, and prisons were analyzed to determine appropriate reimbursement levels. A daily cap on billable units was implemented as a utilization control measure to promote cost-effectiveness while ensuring necessary service delivery. TCM rates from other programs were also reviewed to validate the reasonableness of the proposed rates, ensuring they remain competitive and sufficient to enlist qualified providers. This approach aligns with the goals of maintaining provider participation, promoting fiscal responsibility, and ensuring high-quality case management services for the target population.

14. Other 1937 Covered Benefits that are not Essential Health benefits

Other 1937 Benefits	
Benefit Provided: Targeted Case management	Source: Section 1937 Coverage option
Authorization : Other	Provider Qualifications: Medicaid State Plan
Amount Limit: None	Duration Limit None
Scope Limit: Services provided within the scope of practice as defined under state law	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Services provided within the scope of practice as defined under state law or Administrative rule. Targeted groups are HIV/AIDS, EI/ECSE, Babies First, Nurse Home visiting program, Tribal members, Children Who Are the Responsibility of Child Welfare, <u>Children Who Are the Responsibility of Oregon Youth Authority</u> , Self sufficiency and Substance Use Disorder and TCM for CCBHC program.;	

DRAFT