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CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Establishes Newborn Nurse Home Visiting (NNHV) TCM Services

EFFECTIVE DATE: 06/22/2022

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RULES:

410-130-0605, 410-138-0000, 410-138-0005, 410-138-0020, 410-138-0040, 410-138-0060

ADOPT: 410-130-0605

REPEAL: Temporary 410-130-0605 from DMAP 55-2021

NOTICE FILED DATE: 05/03/2022

RULE SUMMARY: This rule implements ORS 433.301 which requires that all insurers in the State of Oregon provide home visits for all newborns in the state. This rule implements this requirement for the Medicaid population.

CHANGES TO RULE:

410-130-0605

Newborn Nurse Home Visiting Services

(1) Definitions.

(a) "Comprehensive newborn nurse home visit" has the meaning described in OAR 333-006-0010 a 333-006-0120.

(b) "HSD" means the Oregon Health Authority's Health Systems Division.

(c) "Public Health" means the Oregon Health Authority's Public Health Division.

(d) "Eligible Client" means an individual who is found eligible for Medicaid or the Children's Health Insurance Program (CHIP) by the Oregon Health Authority (Authority) at the time the services are furnished.

(e) "Oregon Health Plan (OHP)" means the Medicaid program in Oregon that is known as the OHP and governed by a series of laws passed by the Oregon Legislature with the intention of providing universal access to healthcare to Oregonians. OHP is also governed by many federal laws.

(f) "Newborn Nurse Home Visiting Program (NNHV)" has the meaning described in OAR 333-006-0010. The program provides services to Medicaid-eligible newborns and their families. The program is governed by Public Health, Division 6, OAR 333-006-0000 to 333-006-333-006-0160. "Newborn Nurse Home Visiting Program" and "Universally Offered Newborn Nurse Home Visiting Program" are synonymous and may be used interchangeably.

(g) "Newborn nurse home visits" means home visits provided under the Newborn Nurse Home Visiting Program.

(2) Purpose. The primary purpose of providing Newborn Nurse Home Visiting services is to support healthy child development and strengthen families. Newborn nurse home visits are a component of the services provided to families with newborns as part of the Newborn Nurse Home Visiting Program.

(3) Governing Rules. This rule is to be used in conjunction with Newborn Nurse Home Visiting Program (NNHV) Rules 333-006-0000 to 333-006-333-006-0160, Targeted Case Management (TCM) rules OAR 410-138-0000 through 410-138-0390, OAR 410-130-0605, and the HSD's General Rules chapter 410, Division 120.

(4) Eligibility Requirements. The services may be provided to Medicaid eligible infants 0 through 6 months of age. Members must be an eligible client enrolled in OHP on the date of service. NNHV is a carveout from the CCO benefit.

(5) Providers Requirements. Newborn Nurse Home Visiting providers must be enrolled with HSD on the date of service. To be enrolled a provider must be certified by the Authority according to OAR 333-006-0070.

(6) A comprehensive newborn nurse home visit:

(a) Must meet the requirements described in OAR 333-006-0120. Medical services provided include a comprehensive caregiver (if applicable) and newborn physical nursing assessment as well as standardized anticipatory and supportive guidance.

(b) May include an assessment of family strengths, risks, and needs and referrals for identified interventions or community resources are provided in coordination with the targeted case management requirements described in OAR 410-138-0000 through 410-138-0390.

(c) For Newborn Nurse home visiting services for births with multiples (twins, triplets, etc.) additional newborns may be reimbursed at a reduced case rate.

(d) Is a requirement for OAR 410-130-0605(7).

(7) the Authority will reimburse newborn nurse home visits using a bundled case rate. To be eligible for reimbursement newborn nurse home visits:

(a) Must include at a minimum a comprehensive newborn nurse home visit meeting the requirements of OAR 333-006-0120 and 410-130-0605(6).

(b) May include up to two follow up support visits.

(8) Reimbursement may be made for one (1) support visit prior to the comprehensive visit.

(a) This pre-comprehensive visit may be provided if the nurse home visitor determines the family has immediate postpartum needs within two weeks of birth.

(b) A pre-comprehensive visit may be billed separately from the case rate if meeting the requirements of a support home visit described in OAR 333-006-0120.

(9) The provision of services shall be documented in the client's medical record by the Home visitor who provides home visits under the Newborn Nurse Home Visiting Program. The client's record shall include the dates of service, and a description of services provided.

(10) Requests for reimbursement for home visits under the Newborn Nurse Home Visiting Program shall:

(a) Use CPT 99502 with modifier 32 for one time for a comprehensive visit case rate. This service may be provided over 1-3 home visits.

(b) Use CPT 99502 with modifier TT for one time for a comprehensive visit case rate for each additional baby for births with multiples (twins, triplets, etc.).

(c) Use CPT 99502 with modifier TD one time for a pre-comprehensive visit.

(d) Claim only one comprehensive visit case rate per newborn.

(e) Claim only one pre-comprehensive visit per delivery.

(11) Only an enrolled provider under the Newborn Nurse Home Visiting Program, provider type 64/519, may be the billing provider for home visits under the Newborn Nurse Home Visiting Program.

(12) Newborn Nurse Home Visiting rates are based on the current published fee schedule.

Statutory/Other Authority: ORS 413.042, ORS 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-138-0000

REPEAL: Temporary 410-138-0000 from DMAP 51-2021

NOTICE FILED DATE: 05/03/2022

RULE SUMMARY: This rule implements ORS 433.301 which requires that all insurers in the State of Oregon provide home visits for all newborns in the state. This rule implements this requirement for the Medicaid population.

CHANGES TO RULE:

410-138-0000

Targeted Case Management Definitions ¶¶

The following definitions apply to OAR 410-138-0000 through 410-138-0420:¶¶

- (1) "Assessment" means the act of gathering information and reviewing historical and existing records of an eligible client in a target group to determine the need for medical, educational, social, or other services. To perform a complete assessment, the case manager shall gather information from family members, medical providers, social workers, and educators, if necessary.¶¶
- (2) "Care Plan" means a Targeted Case Management (TCM) Care Plan that is a multidisciplinary plan that contains a set of goals and actions required to address the medical, social, educational, and other service needs of the eligible client based on the information collected through an assessment or periodic reassessment.¶¶
- (3) "Case Management" means services furnished by a case manager to assist individuals eligible under the Medicaid State Plan Amendment (SPA) in gaining access to and effectively using needed medical, social, educational, and other services (such as housing or transportation) in accordance with 42 CFR 441.18. See also the definition for Targeted Case Management.¶¶
- (4) "Centers for Medicare and Medicaid Services (CMS)" means the federal agency under the U.S. Department of Health and Human Services that provides the federal funding for Medicaid and the Children's Health Insurance Program (CHIP).¶¶
- (5) "Children and Youth with Special Health Care Needs (CYSHCN)" means those children and youth who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.¶¶
- (6) "Department" means the Department of Human Services (Department).¶¶
- (7) "Division" means the Oregon Health Authority's Health Systems Division.¶¶
- (8) "Duplicate Payment" means more than one payment made for the same services to meet the same need for the same client at the same point in time.¶¶
- (9) "Early Childhood Special Education (ECSE)" means free, specially designed instruction to meet the unique needs of a preschool child with a disability, three years of age until the age of eligibility for public school, including instruction in physical education, speech-language services, travel training, and orientation and mobility services. Instruction is provided in any of the following settings: home, hospitals, institutions, special schools, classrooms, and community childcare or preschool settings.¶¶
- (10) "Early Intervention (EI)" means services for preschool children with disabilities from birth until three years of age, including Indian children and children who are homeless and their families.¶¶
- (11) "Early Intervention/Early Childhood Special Education (EI/ECSE) Services" means services provided to a preschool child with disabilities, eligible under the Individuals with Disabilities Education Act (IDEA) from birth until they are eligible to attend public school, pursuant to the eligible child's Individualized Family Service Plan (IFSP).¶¶
- (12) "EI/ECSE Case Manager (i.e., service coordinator)" means an employee of the EI/ECSE contracting or subcontracting agency meeting the personnel standards requirements in OAR 581-015-2900. The EI/ECSE case manager serves as a single point-of-contact and is responsible for coordinating all services across agency lines for the purpose of assisting an eligible client to obtain needed medical, social, educational, developmental, and other appropriate services (such as housing or transportation) identified in the eligible client's care plan in coordination with the client's IFSP.¶¶
- (13) "EI/ECSE TCM Program" means a service under the State Plan and includes case management services furnished to eligible EI/ECSE preschool children age 0-5 with disabilities, assisting them to gain access to needed medical, social, educational, developmental, and other appropriate services (such as housing or transportation) in coordination with their IFSP. EI/ECSE TCM providers shall meet the criteria for the provision of special education programs approved by the State Superintendent of Public Instruction qualifying such programs for state reimbursement under OAR 581-015-2710 EI/ECSE and shall be contractors with the Oregon Department of Education in the provision of EI/ECSE services or be sub-contractors with such a contractor. Medicaid

reimbursement for EI/ECSE TCM services is available only to eligible clients in the target group and does not restrict an eligible client's free choice of providers.¶

(14) "Eligible Client" means an individual who is found eligible for Medicaid or the Children's Health Insurance Program (CHIP) by the Oregon Health Authority (Authority) and eligible for case management services (including TCM services) as defined in the Medicaid State Plan at the time the services are furnished.¶

(15) "Federal Financial Participation (FFP)" means the portion paid by the federal government to states for their share of expenditures for providing Medicaid services. FFP was created as part of the Title XIX, Social Security Act of 1965. There are two objectives that permit claims under FFP. They are:¶

(a) To assist individuals eligible for Medicaid to enroll in the Medicaid program; and¶

(b) To assist individuals on Medicaid to access Medicaid providers and services. The second objective involves TCM.¶

(16) "Federal Medical Assistance Percentage (FMAP)" means the percentage of federal matching dollars available to a state to provide Medicaid services. The FMAP is calculated annually based on a three-year average of state per capita personal income compared to the national average. The formula is designed to provide a higher federal matching rate to states with lower per capital income. No state receives less than 50 percent or more than 83 percent.¶

(17) "Individualized Family Service Plan (IFSP)" means a written plan of early childhood special education, related services, early intervention services, and other services developed in accordance with criteria established by the State Board of Education for each child eligible for services. (See OAR 581-015-2700 to 581-015-2910, Early Intervention and Early Childhood Special Education Programs.)¶

(18) "Medical Assistance Program" means a program administered by the Division that provides and pays for health services for eligible Oregonians. The Medical Assistance Program includes TCM services provided to clients eligible under the Oregon Health Plan (OHP) Title XIX and the Children's Health Insurance Program (CHIP) Title XXI.¶

(19) "Monitoring" means ongoing face-to-face or other contact to conduct follow-up activities with the participating eligible client or the client's health care decision makers, family members, providers, or other entities or individuals when the purpose of the contact is directly related to managing the eligible client's care to ensure the care plan is effectively implemented.¶

(20) "Oregon Health Plan (OHP)" means the Medicaid program in Oregon that is known as the OHP and governed by a series of laws passed by the Oregon Legislature with the intention of providing universal access to healthcare to Oregonians. OHP is also governed by many federal laws.¶

(21) "Perinatal (for the purpose of the State Plan amendment for Public Health Nurse Home Visiting, ~~Expanded Babies First!~~, CaCoon, and Nurse-Family Partnership TCM)" means the period inclusive of pregnancy through two years postpartum ~~to the child's second birthday. Services to a parent or primary caregiver may be available during this same two-year period following the birth of the child.~~¶

(22) "Reassessment" means periodically re-evaluating the eligible client to determine whether or not medical, social, educational, or other services continue to be adequate to meet the goals and objectives identified in the care plan. Reassessment decisions include those to continue, change, or terminate TCM services. A reassessment shall be conducted at least annually or more frequently if changes occur in an eligible client's condition, or when resources are inadequate, or the service delivery system is non-responsive to meet the client's identified service needs.¶

(23) "Referral" means performing activities such as scheduling appointments that link the eligible client with medical, social, or educational providers, or other programs and services, and follow-up and documentation of services obtained.¶

(24) "Targeted Case Management (TCM) Services" means case management services furnished to a specific target group of eligible clients under the Medicaid State Plan to gain access to needed medical, social, educational, and other services (such as housing or transportation).¶

(25) "Unit of Government" means a city, a county, a special purpose district, or other governmental unit in the state.¶

(26) "Cost-sharing" means the Federal Financial Participation (FFP) matching program in which the TCM provider as a public entity, unit of government, must pay the non-federal matching share of the amount of the TCM claims.¶

(27) "Newborn Nurse Home Visiting Program (NNHV)" has the meaning described in OAR 333-006-0010. The program provides services to Medicaid-eligible newborns and their families. The program is governed by Public Health, Division 6 OAR 333-006-0000 to 333-006-333-006-0160. "Newborn Nurse Home Visiting Program" and "Universally Offered Newborn Nurse Home Visiting Program" can be used synonymously. Family Connects Oregon is the model being used to deliver the Newborn Nurse Home Visiting Program and can be used synonymously. NNHV is exempt from cost-sharing requirements.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-138-0005

REPEAL: Temporary 410-138-0005 from DMAP 51-2021

NOTICE FILED DATE: 05/03/2022

RULE SUMMARY: This rule implements ORS 433.301 which requires that all insurers in the State of Oregon provide home visits for all newborns in the state. This rule implements this requirement for the Medicaid population.

CHANGES TO RULE:

410-138-0005

Payment for Targeted Case Management Services Eligible for Federal Financial Participation ¶¶

(1) This rule is to be used in conjunction with Targeted Case Management (TCM) rules OAR 410-138-0000 through 410-138-0009 and 410-138-0390 and the Division's General Rules chapter 410, division 120.¶¶

(2) The TCM services rules are designed to assist the TCM provider organizations in matching state and federal funds for TCM services defined by Section 1915(g) of the Social Security Act, 42 USC § 1396n(g). Providers of Tribal TCM and the Newborn Nurse Home Visiting Program are exempt from cost-sharing requirements to pay non-federal matching funds.¶¶

(3) Payment shall be made to the TCM provider enrolled with the Authority as a unit of government provider meeting the requirements set forth in the provider enrollment agreement.¶¶

(4) Signing the provider enrollment agreement sets forth the relationship between the State of Oregon, the Authority, and the TCM provider and constitutes agreement by the TCM provider to comply with all applicable Authority rules and federal and state laws and regulations.¶¶

(5) The TCM provider shall bill according to administrative rules in chapter 410, division 138 and the TCM supplemental information. Payments shall be made using the Medicaid Management Information System (MMIS), and the TCM provider shall retain the full payment for covered services provided. The TCM provider shall have a Trading Partner Agreement with the Authority prior to submission of electronic transactions.¶¶

(6) TCM authorized under these rules is a cost-sharing (Federal Financial Participation (FFP) matching) program in which the TCM provider as a public entity, unit of government, shall pay the non-federal matching share of the amount of the TCM claims, calculated using the Federal Medical Assistance Percentage (FMAP) rates in effect during the quarter when the TCM claims will be paid:¶¶

(a) The TCM provider's non-federal matching share means the public funds share of the Medicaid payment amount. Pursuant to the Social Security Act, 42 CFR 433.51, public funds may be considered as the state's share in claiming federal financial participation, if the public funds meet the following conditions:¶¶

(A) The public funds are transferred to the Authority from public entities that are units of government;¶¶

(B) The public funds are not federal funds, or they are federal funds authorized by federal law to be used to match other federal funds; and¶¶

(C) All sources of funds shall be allowable under the Social Security Act 42 CFR 433 Subpart B;¶¶

(b) The unit of government TCM provider shall pay the non-federal matching share to the Authority in accordance with OAR 410-120-0035.¶¶

(7) Before the Authority pays for TCM claims, the Authority shall receive the corresponding local match payment as described in this rule. Failure to timely pay the non-federal matching funds to the Authority will delay payment.¶¶

(8) The Authority shall not be financially responsible for payment of any claim that CMS disallows under the Medicaid program. If the Authority has previously paid the TCM provider for any claim, which CMS disallows, the TCM provider shall reimburse the Authority the amount of the claim that the Authority has paid to the TCM provider, less any amount previously paid by the unit of government TCM provider to the Authority for the non-federal match portion for that claim.¶¶

(9) Providers shall only bill Medicaid for allowable activities in the TCM program that assist individuals eligible under the Medicaid State Plan to gain access to needed medical, social, educational, and other services. One or more of the following allowable activities shall occur before billing:¶¶

(a) Assessment;¶¶

(b) Development of a care plan;¶¶

(c) Referral and follow up; and¶¶

(d) Monitoring and follow up.¶¶

(10) TCM claims may not duplicate payments made to:¶¶

(a) Public agencies or private entities for any other case management activities or direct services provided under the State Plan or OHP, through fee for service, managed care, or other contractual arrangement, that meet the

same need for the same client at the same point in time;¶

(b) A TCM provider by program authorities under different funding authority than OHP, including but not limited to other public health funding;¶

(c) A TCM provider for administrative expenditures reimbursed under agreement with the Authority or any other program or funding source.¶

(11) Medicaid is only liable for the cost of otherwise allowable case management services if there are no other third parties liable to pay. However, while schools are legally liable to provide IDEA-related health services at no cost to eligible children, Medicaid reimbursement is available for these services because section 1903(c) of the Act requires Medicaid to be primary to the U.S. Department of Education for payment for covered Medicaid services furnished to a child with a disability. These services may include health services included in a child's Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) under the IDEA. Payment for those services that are included in the IEP or IFSP may not be available when those services are not covered Medicaid services.¶

(12) The Authority's acceptance of cost data provided by provider organizations for the purpose of establishing rates paid for TCM services does not imply or validate the accuracy of the cost data provided.¶

(13) Reimbursement is subject to all rules and laws pertaining to federal financial participation.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-138-0020

REPEAL: Temporary 410-138-0020 from DMAP 51-2021

NOTICE FILED DATE: 05/03/2022

RULE SUMMARY: This rule implements ORS 433.301 which requires that all insurers in the State of Oregon provide home visits for all newborns in the state. This rule implements this requirement for the Medicaid population.

CHANGES TO RULE:

410-138-0020

Targeted Case Management Programs ¶¶

(1) This rule includes services in the State Plan for TCM and includes: Public Health Nurse Home Visiting, Babies First!, CaCoon, and Nurse-Family Partnership services approved by CMS effective January 1, 2017, and ~~Family Connects~~ Newborn Nurse Home Visiting approved by CMS effective July 1, 2019. ¶¶

(2) TCM programs include the following: ¶¶

(a) Asthma/Healthy Homes; ¶¶

(b) Early Intervention/Early Childhood Special Education (EI/ECSE); ¶¶

(c) Human Immunodeficiency Virus (HIV); ¶¶

(d) Public Health Nurse Home Visiting programs including, Babies First!, CaCoon, ~~Family Connects~~ Newborn Nurse Home Visiting and Nurse-Family Partnership; ¶¶

(e) Substance Abusing Pregnant Women and Substance Abusing Parents with Children Under Age 18; and ¶¶

(f) Federally Recognized Tribal Governments. ¶¶

(3) The TCM Programs are medical assistance programs operated by public health authorities, unit of government providers, or Federally Recognized Tribal Governments in Oregon who are enrolled as TCM providers with the Authority. Participation by providers is voluntary and subject to approval by the Authority and CMS. With the exception of the Federally Recognized Tribal Governments TCM programs and the Newborn Nurse Home Visiting Program, the TCM programs authorized under these rules are cost-sharing (Federal Financial Participation (FFP) matching) programs in which the public fund agency, public entity, unit of government, shall pay the non-federal matching share of the amount of the TCM claims. ¶¶

(4) The Public Fund Agency may contract TCM services provided by a Local Public Health Authority or other public or private agency if the public fund agency's obligations for providing payment for the non-federal share for services provided and billed to Medicaid are met in compliance with 42 CFR 433.51 and the TCM services are provided by an enrolled Medicaid TCM provider who will receive and retain 100 percent of the TCM payments. See OAR 410-138-0005 (Payment for Targeted Case Management Services Eligible for Federal Financial Participation). ¶¶

(5) Federally Recognized Tribal Governments TCM services authorized under these rules provided to tribal members (American Indian/Alaska Native) at an Indian Health Service (IHS/638) facility operated by the Indian Health Service, by an Indian tribe or tribal organization are reimbursed at 100 percent by Title XIX (Medicaid) and Title XXI Children's Health Insurance Program (CHIP). TCM services provided by IHS/638 facilities to non-tribal American Indian/Alaska Native members shall be reimbursed at the applicable FMAP rate. ¶¶

(6) The Authority may not authorize services or reimbursement for direct care as part of any TCM activity. The following are TCM programs and services: ¶¶

(a) The TCM Asthma/Healthy Homes program improves access to needed services for eligible clients with poorly controlled asthma or a history of environmentally induced respiratory distress. The TCM Asthma/Health Homes program services include management of medical and non-medical services, which address medical, social, nutritional, educational, housing, environmental, and other needs. Home visits constitute an integral part of the delivery of TCM services, provided by a TCM Asthma/Healthy Homes case manager consistent with these rules; ¶¶

(b) The TCM Early Intervention/Early Childhood Special Education (EI/ECSE) program is a medical assistance program provided by enrolled EI/ECSE providers that meet the criteria approved by the State Superintendent of Public Instruction to administer the provision of EI and ECSE. The TCM EI/ECSE program provides services to categorically eligible children with disabilities, receiving EI/ECSE services from birth until they are eligible for public school. These TCM services are available on a fee-for-service basis, within the limitations established by the Division and chapter 410, division 138 rules, consistent with the requirements of the Individuals with Disabilities Education Act (IDEA). This qualifies such programs for state reimbursement under EI/ECSE programs OAR 581-015-2700 through 581-015-2910. An enrolled TCM EI/ECSE provider shall be a contractor/agency designated by the Oregon Department of Education (ODE) to administer the provision of EI and ECSE within selected service areas or be a sub-contractor with such a contractor. TCM EI/ECSE program services include management of

medical and non-medical services to assist children with disabilities in gaining access to needed medical, social, educational, developmental, and other appropriate services in coordination with a child's Individualized Family Service Plan (IFSP) developed and implemented pursuant to IDEA and based on information collected through the TCM assessment or periodic reassessment process;¶

(c) The TCM HIV program improves access to needed medical and non-medical services, which address physical, psychosocial, nutritional, educational, and other services for Medicaid categorically eligible clients with symptomatic or asymptomatic HIV disease. Home visits constitute an integral part of the delivery of TCM services, provided by a TCM HIV case manager consistent with these rules. Without TCM case management services, an eligible client's ability to remain safely in their home may be at risk;¶

(d) The TCM Public Health Nurse Home Visiting Programs, Babies First!, CaCoon, ~~Family Connects~~ Newborn Nurse Home Visiting and Nurse-Family Partnership improve access to needed medical and non-medical services that address medical, social, educational, and other services;¶

(A) The Babies First!, and Nurse-Family Partnership programs include Medicaid eligible perinatal women, eligible infants and children through four years of age who have one or more risk factors for poor perinatal, birth, and other poor health outcomes. TCM services may also be provided to a parent (primary caregiver or other caretaker relative) of the eligible child. See Table 1 and 2 Risk Criteria as outlined in OAR 410-138-0040 risk criteria. The TCM;¶

(B) The CaCoon program shall be provided to Medicaid eligible Children and Youth with Special Health Care Needs (CYSHCN), up to age 21, who have one or more diagnosis or very high risk factor listed in Table 2 as outlined in OAR 410-138-0040 risk criteria. As part of a phased implementation, TCM Family Connects services, TCM services may also be provided to a parent or other caretaker relative of the eligible child. See Table 1 and 2 as outlined in OAR 410-138-0040 risk criteria;¶

(C) NNHV may be provided to Medicaid eligible infants 0 through 6 months of age for a maximum of 4 visits per newborn. As part of a phased implementation services may be provided in the following counties: Lincoln, effective July 1, 2019; Benton, Crook, Deschutes, Gilliam, Hood River, Jefferson, Linn, Malheur, Wasco, Washington, Wheeler and Sherman, effective January 1, 2021 and Baker, Clatsop, Marion, effective February 1, 2021. (D) Home visits constitute a significant part of the delivery of targeted case management services, provided by a Public Health Nurse Home Visiting, (Babies First!, CaCoon, ~~Family Connects~~ NNHV and Nurse-Family Partnership) targeted case manager consistent with these rules. All providers for Babies First!, CaCoon, Family Connects, NNHV and Nurse-Family Partnership TCM programs shall follow a case management plan developed by the nurse;¶

(e) The TCM Substance Abusing Pregnant Women and Substance Abusing Parents with Children under age 18 program improves access to needed medical and non-medical services, which address physical, psychosocial, educational, nutritional, and other services to Medicaid categorically eligible pregnant women or custodial parents with children under the age of 18 who have alcohol or drug addiction issues. Targeted clients are those who are not yet ready to actively engage in addiction treatment services. TCM services are provided by an enrolled TCM Substance Abusing Pregnant Women and Substance Abusing Parents with Children under age 18 provider consistent with these rules. Participation by all TCM providers is voluntary and subject to approval by the Division and CMS;¶

(f) The TCM Federally Recognized Tribal Government program improves access to needed medical and non-medical services, which address health, psychosocial, economic, educational, nutritional, and other services for Medicaid categorically eligible tribal members served by tribal programs, provided by an enrolled tribal TCM provider consistent with these rules. The target group includes those members receiving elder care; individuals with diabetes; children and adults with health and social service care needs, and pregnant women.¶

(7) Refer to the State Plan Amendments for participating counties for each TCM program. The State Plan Amendments are located at <http://www.oregon.gov/OHA/HPA/HP/Pages/Medicaid-CHIP-State-Plans.aspx>.¶

(8) Provision of any TCM Program services may not restrict an eligible client's choice of providers, in accordance with 42 CFR 441.18(a);¶

(a) Eligible clients shall have free choice of available TCM Program service providers or other TCM service providers available to the eligible client, subject to the Social Security Act, 42 USC 1396n and 42 CFR 441.18(b);¶

(b) Eligible clients shall have free choice of the providers of other medical care within their benefit package of covered services.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-138-0040

REPEAL: Temporary 410-138-0040 from DMAP 51-2021

NOTICE FILED DATE: 05/03/2022

RULE SUMMARY: This rule implements ORS 433.301 which requires that all insurers in the State of Oregon provide home visits for all newborns in the state. This rule implements this requirement for the Medicaid population.

CHANGES TO RULE:

410-138-0040

Targeted Case Management Babies First!, CaCoon, and Nurse-Family Partnership Program Risk Criteria ¶¶

(1) This rule is in effect for services approved by CMS effective for services rendered beginning January 1, 2017, and sets forth the criteria for risk factors for the TCM Babies First!, CaCoon, and Nurse-Family Partnership programs to include perinatal and parental eligibility criteria in Table 1 and risk factors for Babies First!, CaCoon and Nurse Family Partnership TCM infant and children eligibility criteria and diagnosis in Table 2.¶¶

(2) Table 1 risk criteria for TCM perinatal and parental eligibility and Table 2 risk criteria for TCM infant and children eligibility and diagnosis criteria become effective January 1, 2017, and may be obtained by clicking on the PDF copy.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

RULE ATTACHMENTS DO NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

Targeted Case Management Public Health Nurse Home Visiting, Expanded Babies First!, CaCoon, and Nurse Family Partnership Program Risk Criteria

410-138-0040-Table 1

Perinatal and Parental Eligibility Criteria
Pregnant woman with chronic health condition that places perinatal-infant outcomes at high risk (e.g., diabetes, hypertension, obesity, cognitive impairment, malignancy, asthma, HIV, seizure disorder, renal disease, systemic lupus erythematosus)
Pregnant woman with complications of pregnancy (e.g., preterm labor, multiple gestation, infections, oligohydramnios, polyhydramnios)
Pregnant woman with inadequate prenatal care
Pregnant woman with history of poor birth outcomes (e.g., preterm delivery, low birth weight infant, birth anomaly, fetal chromosomal abnormality, intrauterine growth restriction (IUGR), other complication to infant)
Perinatal woman with history of child abuse
Perinatal woman with tobacco use (current or recent within one year)
Perinatal woman with substance use/abuse includes any teratogenic substance (e.g., alcohol, opioids, current or recent within one year)
Perinatal and Parental Eligibility Criteria
Perinatal woman with mental health condition
Perinatal woman experiencing intimate partner violence (current or recent within one year)
Perinatal woman of race/ethnicity with established health inequities (includes refugees)
Perinatal woman with inadequate resources to meet basic needs (e.g., shelter, food, utilities)
Perinatal woman with exposure to environmental hazards
Perinatal woman age 18 years or less
Perinatal woman who has not completed high school
Perinatal woman experiencing an unsupportive partner, and/or lack of social supports
Perinatal woman with history of incarceration
Pregnant woman who meets Nurse-Family Partnership (NFP) evidence based eligibility criteria, as defined by the NFP National Service Office
Parent of eligible child

410-138-0040-Table 2

Infant and Children Eligibility Criteria (one or more criteria are required)	Diagnosis (Birth – to 21 yrs.)
Infant born to mother enrolled in Expanded Babies First! or Nurse-Family Partnership	Endocrine disorders, e.g. diabetes
Referral from medical provider or social services for nurse home visiting	Malignancy
Teratogen exposed infant exposed infant (e.g., alcohol, opioids)	Cardiovascular disorders
	Chronic orthopedic disorders
Infant HIV positive	Neuromotor disorders including cerebral palsy and brachial palsy
Maternal PKU or HIV positive	Cleft lip and palate and other congenital defects of the head, face
Infant and Children Eligibility Criteria (one or more criteria are required)	Diagnosis (Birth – to 21 yrs.)
Intracranial hemorrhage grade I or II	Genetic disorders, e.g. cystic fibrosis, neurofibromatosis
Seizures or maternal history of seizures	Multiple minor anomalies
Perinatal asphyxia	Metabolic disorders (e.g., PKU)
Small for gestational age	Spina bifida
Very low birth weight (1500 grams or less)	Hydrocephalus or persistent ventriculomegaly
Mechanical ventilation for 72 hrs. or more prior to discharge	Microcephaly and other congenital or acquired defects of the CNS
Neonatal hyperbilirubinemia	Hemophilia
Congenital Infection (TORCHS)	Organic speech disorders
CNS infection	Hearing loss
Head trauma or near drowning	Traumatic brain injury
Failure to grow	Fetal alcohol spectrum disorder
Suspect vision impairment	Autism, autism spectrum disorder

Family history of childhood onset hearing loss	Behavioral or mental health disorder WITH developmental delay
Prematurity	Chromosomal disorders
Lead or other environmental exposure	Positive newborn blood screen
Suspect hearing loss	HIV, seropositive conversion
Other risks for growth and development delay	Visual Impairment
Social Determinants of Health	Very High Medical Risk Factors
Maternal age 18 years or less	Intraventricular hemorrhage (grade III or IV) or periventricular leukomalacia (PVL) or chronic subdurals
Parents with cognitive impairment	Perinatal asphyxia accompanied by seizures
Parental substance use/abuse (e.g., alcohol, opioids current or recent within one year)	Seizure disorder
Parent did not complete high school	Oral-motor dysfunction requiring specialized feeding program (including gastrostomy)
Social Determinants of Health	Very High Medical Risk Factors
	Chronic lung disorder
Parent with inadequate resources to meet basic needs for housing, food, shelter, utilities.	Suspect neuromuscular disorder
Parent with mental health condition	Developmental Risk Factors
Parent with history of abuse or neglect (child welfare agency involvement)	Developmental Delay
Parent experiencing intimate partner violence, current or within one year	Other
Parent with history of incarceration	Other chronic conditions not listed

AMEND: 410-138-0060

REPEAL: Temporary 410-138-0060 from DMAP 51-2021

NOTICE FILED DATE: 05/03/2022

RULE SUMMARY: This rule implements ORS 433.301 which requires that all insurers in the State of Oregon provide home visits for all newborns in the state. This rule implements this requirement for the Medicaid population.

CHANGES TO RULE:

410-138-0060

Targeted Case Management Program - Provider Requirements ¶¶

(1) This rule is in effect for services rendered retroactive to July 1, 2009, except for the TCM Asthma/Healthy Homes Program that is retroactive to July 1, 2010; Babies First!, CaCoon, and Nurse-Family Partnership for services rendered effective January 1, 2017; and ~~Family Connects~~ NNHV approved by CMS effective July 1, 2019.¶¶

(2) TCM Public Health Nurse Home Visiting (Babies First!, CaCoon, ~~Family Connects~~ NNHV, and Nurse-Family Partnership) targeted case managers may be an employee of a Local County Health Department or other public or private agency contracted by a Local Public Health Authority with the demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program and the ability to provide data to the Maternal and Child Health (MCH) Data System. TCM services provided under the Universally Offered Newborn Nurse Home Visiting Program as defined in Public Health 333, Division 6 Newborn Nurse Home Visiting must be provided by certified providers.¶¶

(3) TCM Asthma/Healthy Homes, Early Intervention/Early Childhood Special Education (EI/ECSE), and Human Immunodeficiency Virus (HIV) provider organizations shall be unit of government providers. TCM EI/ECSE providers may also be a subcontractor of a government entity.¶¶

(4) TCM Substance Abusing Pregnant Women and Substance Abusing Parents with Children Under Age 18 provider organizations shall be locally based agencies.¶¶

(5) TCM Federally Recognized Tribal Governments providers shall be Indian Health Services/638 facilities.¶¶

(6) All providers shall demonstrate the ability to provide all core elements of case management services including:¶¶

(a) Comprehensive assessment, which may include triage and environmental assessment of client needs;¶¶

(b) Reassessment of the client's status and needs annually or more frequently with a significant change in the client's condition;¶¶

(c) Development and periodic revision of a comprehensive care and service plan;¶¶

(d) Referral and linking/coordination of services;¶¶

(e) Ongoing monitoring and follow-up of referral and related services;¶¶

(f) A financial management capacity and system that provides documentation of services and costs and provides computerized tracking and monitoring to assure adequate follow-up and avoid duplication.¶¶

(7) Except for Federally Recognized Tribal Governments ~~providers~~ and the Newborn Nurse Home Visiting Program, the TCM provider shall provide the non-federal matching share from public funds in compliance with OAR 410-138-0005.¶¶

(8) If the provider is a subcontractor of a governmental entity, the governmental entity shall make the non-federal matching share with public fund payments in compliance with OAR 410-138-0005.¶¶

(9) All program providers shall demonstrate the following TCM experience and capacity:¶¶

(a) Understanding and knowledge of local and state resources and services available to the target population;¶¶

(b) Demonstrated case management experience in coordinating and linking community resources as required by the target population;¶¶

(c) Demonstrated and documented experience providing services for the target population;¶¶

(d) An administrative capacity to ensure quality of services in accordance with state and federal requirements;¶¶

(e) A financial management capacity and system that provides documentation of services and costs;¶¶

(f) Capacity to document and maintain client case records in accordance with state and federal requirements, including requirement for recordkeeping on OAR 410-138-0007 and 410-120-1360; confidentiality requirements in ORS 192.518-192.524, 179.505 and 411.320; and HIPAA Privacy requirements applicable to case management services;¶¶

(g) A sufficient number of staff to meet the case management service needs of the target population;¶¶

(h) Demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program; and¶¶

- (i) Enrolled as a TCM provider with the Authority and meeting the requirements set forth in the provider enrollment agreement.¶
- (10) TCM Asthma/Healthy Homes Program case managers shall possess the following additional qualifications:¶
- (a) A current active Oregon registered nurse (RN) license; or¶
 - (b) A registered environmental health specialist; or¶
 - (c) An asthma educator certified by the National Asthma Education and Prevention Program; or¶
 - (d) A community health worker certified by the Stanford Chronic Disease Self-Management Program; or¶
 - (e) A case manager working under the supervision of a licensed registered nurse or a registered environmental specialist.¶
- (11) The TCM case managers for the Public Health Nurse Home Visiting, Babies First!, CaCoon, ~~Family Connects~~, and Nurse-Family Partnership programs:¶
- (a) May be an employee of a local county health department or other public or private agency contracted by a Local Public Health Authority;¶
 - (b) Shall be a licensed registered nurse with experience in community health, public health, or child health nursing; and¶
 - (c) May be a community health worker, family advocate, or promotora working under the plan developed by a licensed registered nurse. The minimum qualifications of the Community Health Workers, Family Advocates, or Promotoras are as follows:¶
- (A) High School Graduate or GED with additional course work in human growth and development, health occupations, or health education; and¶
 - (B) Two years' experience in public health, mental health, or alcohol drug treatment settings; or¶
 - (C) Any satisfactory combination of experience and training that demonstrates the ability to perform case management duties;¶
 - (D) The case manager shall work under the policies, procedures, and protocols of the state MCH Program.¶
- (12) The TCM case managers for the Newborn Nurse Home Visiting Program must be a licensed registered nurse and an employee of a certified NNHV provider as defined in Public Health 333, Division 6 Universally Offered Newborn Nurse Home Visiting Program. The case manager shall work under the policies, procedures, and protocols of the state MCH Section.¶
- (123) Additional qualifications for TCM EI/ECSE provider organizations include the following:¶
- (a) TCM EI/ECSE providers shall meet the criteria to administer the provision of EI and ECSE within selected service areas designated by the Oregon Department of Education, qualifying such programs for state reimbursement under EI/ECSE Programs (OAR 581-015-2700 through 581-015-2910);¶
 - (b) Shall be contractors with the Oregon Department of Education in the provision of EI/ECSE services or sub-contractors with such a contractor and shall meet the following qualifications:¶
- (A) Demonstrated case management experience in conjunction with service coordination under OAR 581-015-2840 specified on a child's Individualized Family Service Plan (IFSP) for coordinating and linking such community resources as required by the target population; and¶
 - (B) Capacity to document and maintain individual case records in accordance with confidentiality requirements in the Individuals with Disabilities Education Act, ORS 192.518-192.524, 179.505, and 411.320, and HIPAA Privacy requirements in 45 CFR 160 and 164, if applicable.¶
- (134) Qualifications for TCM EI/ECSE Supervisors of EI/ECSE service coordinators of targeted case management services shall:¶
- (a) Possess a minimum of a master's degree in early childhood special education, or a related field and have three years of experience with infants, toddlers, young children, and families;¶
 - (b) Hold a Teacher Standard and Practices Commission (TSPC) administrative endorsement or within 12 months of employment, complete authorization as an Early Childhood Supervisor under OAR 581-015-2910; and¶
 - (c) Have a professional development plan based on the content of the EI/ECSE competencies.¶
- (145) Qualifications of EI and ECSE Specialists performing case management/Targeted Case Management services shall:¶
- (a) Possess a minimum of a baccalaureate degree in early childhood, special education or a related field;¶
 - (b) Have a professional development plan based on the content of the EI/ECSE competencies; and¶
 - (c) Hold one of the following credentials:¶
- (A) TSPC licensure or endorsement in EI/ECSE;¶
 - (B) TSPC licensure or endorsement in a related field; or¶
 - (C) Within 12 months of employment, authorization as an Early Childhood Specialist under OAR 581-15-2905.¶
- (156) Qualifications of EI and ECSE Related services personnel shall possess a minimum of a baccalaureate degree and a valid license necessary to practice in Oregon. Related services personnel who also provide service coordination as outlined in OAR 581-015-2840 shall have:¶

- (a) TSPC licensure in their area of discipline; or¶
 - (b) State licensure in their area of discipline; and¶
 - (c) A professional development plan based on the content of the EI/ECSE competencies;¶
 - (d) Knowledge and understanding of the Individuals with Disabilities Education Act (IDEA);¶
 - (e) Knowledge and understanding of the nature and scope of services available under the Oregon EI/ECSE programs.¶
- (167) In addition to the above, all shall be employees of the ODE, its contractors or subcontractors, and shall have demonstrated knowledge and understanding about:¶
- (a) The ODE EI/ECSE programs OAR 581-015-2700 through 581-015-2910, including these rules and the applicable Medicaid State Plan Amendment;¶
 - (b) Case Management experience in conjunction with service coordination under OAR 581-015-2840 for coordinating and linking such community resources as required by the target population to assist clients in gaining access to needed medical, social, educational, developmental, and other appropriate services in coordination with the eligible child's IFSP;¶
 - (c) The Individuals with Disabilities Education Act (IDEA);¶
 - (d) The nature and scope of services available under the Oregon EI/ECSE program, including the TCM services, and the system of payments for services and other pertinent information.¶
- (178) TCM HIV providers shall have the financial management capacity and system that provides documentation of services and costs and is able to generate quarterly service utilization reports that can be used to monitor services rendered against claims submitted and paid. The service utilization reporting requirements are as follows:¶
- (a) Report on the number of unduplicated clients receiving services during the reporting period;¶
 - (b) Report on the number of full time equivalent (FTE) case managers providing services during the reporting period; and¶
 - (c) Report on the number of distinct case management activities performed during the reporting period (Triage Assessments, Comprehensive Assessments, Re-Assessments, Care Plan Development, Referral and Related Services, and Monitoring Follow-Up) along with the total number of 15-minute increments associated with each activity category.¶
- (189) TCM HIV case managers shall possess the following education and qualifications:¶
- (a) A current active Oregon registered nurse (RN) license or Bachelor of Social Work, or other related health or human services degree from an accredited college or university; and¶
 - (b) Documented evidence of completing the Authority's HIV Care and Treatment designated HIV Targeted Case Manager training and shall participate in the Authority's on-going training for HIV targeted case managers. The training may either be provided by the Authority or be approved by the Authority and provided by the TCM provider organization.¶
- (1920) The TCM Substance Abusing Pregnant Women and Substance Abusing Parents with Children Under Age 18 case manager shall:¶
- (a) Possess a combination of education and experience necessary to support case planning and monitoring. The case manager shall be able to demonstrate an understanding of issues relating to substance abuse and community supports;¶
 - (b) Demonstrate continuous sobriety under a nonresidential or independent living condition for the immediate past two years;¶
 - (c) Meet at least one of the following qualifications:¶
 - (A) Be a licensed Medical Provider, Qualified Mental Health Professional, or Qualified Mental Health Associate; or¶
 - (B) Possess certification as an Alcohol and Drug Counselor (CADC) level I, II, or III; or¶
 - (C) Complete a Peer Services Training Program following a curriculum approved by the Authority's Addictions and Mental Health Division and be:¶
 - (i) A self-identified person currently or formerly receiving mental health services; or¶
 - (ii) A self-identified person in recovery from a substance use disorder who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or¶
 - (iii) A family member of an individual who is a current or former recipient of addictions or mental health services;¶
 - (d) Work under the supervision of a clinical supervisor. The clinical supervisor shall:¶
 - (A) Meet the requirements in Oregon administrative rule for alcohol and other drug treatment programs;¶
 - (B) Be certified or licensed by a health or allied provider agency to provide addiction treatment; and¶
 - (C) Possess one of the following qualifications:¶
 - (i) Five years of paid full-time experience in the field of alcohol and other drug counseling; or¶
 - (ii) A Bachelor's degree and four years of paid full-time experience in the social services field with a minimum of two years of direct alcohol and other drug counseling experience; or¶

- (iii) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct alcohol and other drug counseling experience;¶
 - (e) Satisfy continuing education requirements as specified by the agency providing clinical supervision specific to alcohol and other drug treatment; and¶
 - (f) Work in compliance with Medicaid policies, procedures, and protocols.¶
- (201) A Federally Recognized Tribal Governments TCM provider shall be an organization certified as meeting the following criteria:¶
- (a) A minimum of three years' experience of successful work with Native American children, families, and elders involving a demonstrated capacity to provide all core elements of tribal case management including: assessment, case planning, case plan implementation, case plan coordination, and case plan reassessment;¶
 - (b) 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;¶
 - (c) Administrative capacity to ensure quality of services in accordance with tribal, state, and federal requirements; and¶
 - (d) Evidence that the TCM organization is a federally recognized tribe located in the State of Oregon.¶
- (212) The following are qualifications of Tribal Case Managers within provider organizations:¶
- (a) Completion of training in a case management curriculum;¶
 - (b) Basic knowledge of behavior management techniques, family dynamics, child development, family counseling techniques, emotional and behavioral disorders, and issues around aging;¶
 - (c) 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;¶
 - (d) Ability to learn and work with state, federal and tribal rules, laws and guidelines relating to Native American child, adult, and elder welfare and to gain knowledge about community resources and link tribal members with those resources;¶
 - (e) Knowledge and understanding of these rules and the applicable Medicaid State Plan Amendment.
- Statutory/Other Authority: ORS 413.042, 414.065
Statutes/Other Implemented: ORS 414.065