Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's Proposed Changes Blog.

OHCA COMMENT DUE DATE: January 15, 2020

The proposed policy changes are Permanent Rules. The proposed policy was presented at the November 5, 2019 Tribal Consultation. Additionally, this proposal is scheduled to be presented to the Medical Advisory Committee on January 9, 2020 and the OHCA Board of Directors on January 22, 2020.

Reference: APA WF # 19-30

SUMMARY:
The Oklahoma Office of Juvenile Affairs (OJA) Targeted Case Management (TCM) Services Revisions - The proposed rule changes will increase the maximum eligible age for individuals who are involved in or at serious risk of involvement with the juvenile justice system and who are eligible for TCM services from eighteen (18) to under twenty-one (21). Additionally, the proposed revisions will align and reorganize TCM sections with current evidence-based practices.

LEGAL AUTHORITY
The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Maria Maule
Legal Services

FROM: Vanessa Andrade
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 19-30

A. Brief description of the purpose of the rule:

The proposed rule changes, requested by the Oklahoma Office of Juvenile Affairs (OJA), will increase the maximum eligible age

for individuals who are involved in or at serious risk of involvement with the juvenile justice system and who are eligible for targeted case management (TCM) services from eighteen (18) to under twenty-one (21). Additionally, the proposed revisions will align and reorganize TCM policy with the current evidence-based practices used by OJA.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

SoonerCare members involved in, or at serious risk of involvement with the juvenile justice system and who receive TCM services from OJA will be affected by the proposed rule changes. Members receiving TCM services will bear no costs associated with implementation of the rule.

C. A description of the classes of persons who will benefit from the proposed rule:

The proposed rule changes will benefit SoonerCare members who are involved with, or at serious risk of involvement with the juvenile justice system, including those who are in the temporary custody of or under supervision of OJA. It will benefit members who are in need of assistance with improving his/her quality of life and are in need of services that are intended to provide for the health and well-being of the individual as well as prevent further involvement in the juvenile justice or criminal justice systems.

D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable economic impact for the proposed rule upon any classes of persons or political subdivisions. There are no fee changes associated with the proposed rule revisions.

E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The proposed rule changes would potentially result in an estimated annual cost for SFY2021 of $1,703,214.72 with an

estimated state share of $578,752.36; and an estimated annual cost for SFY2022 of $2,270,952.96 with a state share of $771,669.82. The state share will be paid by OJA.

F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule changes will have no economic impact on political subdivisions, nor will the cooperation of any political subdivisions be required for implementation or enforcement of the rule.

G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The proposed rule changes will have no anticipated adverse effects on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.

H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has determined that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule changes should have no adverse effect on the public health, safety, and environment. The proposed rule revision will have positive, clarifying impacts on the health, safety, and well-being of children who are in need of TCM services and supports the achievement of treatment goals needed to successfully and safely reintegrate into the community.

J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The agency does not anticipate any detrimental effect on public health, safety, or the environment at this time.

K. The date the rule impact statement was prepared and if modified,

the date modified:

Prepared: October 9, 2019
Modified: January 14, 2020

RULE TEXT:

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 97. TARGETED CASE MANAGEMENT SERVICES FOR MEMBERS UNDER ~~AGE 18~~TWENTY-ONE YEARS OF AGE AT RISK OF INVOLVEMENT WITH OR IN THE TEMPORARY CUSTODY OR SUPERVISION OF THE OKLAHOMA OFFICE OF JUVENILE AFFAIRS (OJA)

317:30-5-970. Eligible providers

~~(a) **Case management agencies.** Services are provided by case management agencies established for the purpose of providing case management services. Medicaid Office of Juvenile Affairs Targeted Case Management (OJATCM) services must be made available to all eligible recipients and must be delivered by provider agencies on a statewide basis with procedures that assure 24 hour availability, the protection and safety of recipients, continuity of services without duplication, and compliance with federal and State mandates and regulations related to servicing the targeted population are met in a uniform and consistent manner. The agency must demonstrate that their staff has:~~

~~(1) experience working with the target population.~~
~~(2) a minimum of five years experience in providing all core elements of case management services including:~~
~~(A) individualized strengths and needs assessment;~~
~~(B) needs-based service planning;~~
~~(C) service coordination and monitoring; and~~
~~(D) on-going assessment and treatment plan revision.~~
~~(3) adequate administrative capacity to fulfill State and federal requirements.~~
~~(4) a financial management capacity and system that provides documentation of services and costs.~~
~~(5) a capacity to document and maintain individual case records in accordance with State and federal requirements.~~
~~(6) ability to meet all State and federal laws governing the participation of providers in the State Medicaid program including, but not limited to, the ability to meet federal and State requirements for documentation, billing and audits.~~
~~(7) statutory authority to care for, supervise and provide services to the targeted population on a statewide basis.~~
~~(8) a minimum of five years experience in providing case management services that coordinate and link the community~~

resources required by the target population.

(9) a minimum of five years experience in meeting the case management and service needs of the target population, including the statewide contract management/oversight and administration of services funded through the Oklahoma Children's Initiative.

(10) responsibility for planning and coordinating statewide juvenile justice and delinquency prevention services in accordance with Title 10, Section 7302-3.1A. of Oklahoma Statutes.

(b) **Provider agreement.** A Provider Agreement between the Oklahoma Health Care Authority and the provider agency for OJATCM services must be in effect before reimbursement can be made for compensable services.

(c) **Qualifications of individual case managers.** A targeted case manager for the OJATCM program must:

(1) be employed by the provider agency or its contractor.

(2) posses a minimum of a bachelor's degree is a behavioral science or a bachelor's degree and one year of professional experience in juvenile justice or a related field.

(3) possess knowledge of laws, rules, regulations, legislation, policies and procedures as they pertain to:

(A) the State administration of juvenile justice and the investigation of juvenile delinquency;

(B) community resources;

(C) human developmental stages and related dysfunctions;

(D) social work theory and practices;

(E) emotional, physical and mental needs of children and families;

(F) sensitivity to cultural diversity; and

(G) clinical and counseling techniques and treatment of juvenile delinquency.

(4) possess skill in:

(A) crisis intervention;

(B) gathering necessary information to determine the needs of the child;

(C) casework management;

(D) courtroom testimony, terminology and procedures;

(E) effective communication;

(F) developing, evaluating and modifying an intervention plan on an ongoing basis;

(G) establishing and maintaining constructive relationships with children and their families;

(H) helping families become and maintain as functional family units; and

(I) working with courts and law enforcement entities.

(d) **Provider selection.** Provision of case management services must not restrict an individual's free choice of providers. Eligible recipients must have free choice of providers of case management as well as providers of other medical care under the plan.

(a) **Case management agency qualifications.** As the provider agency, the Oklahoma Office of Juvenile Affairs (OJA) must meet applicable state and federal laws governing the participation of providers in the Medicaid program. The Office of Juvenile Affairs Targeted Case Management (OJATCM) program must:

(1) Be available to all eligible members;

(2) Be delivered on a statewide basis with procedures that assure twenty-four (24) hour availability, the protection and safety of recipients, and continuity of services without duplication;

(3) Ensure compliance with federal and state mandates and regulations related to serving the targeted population are met in a consistent and uniform manner;

(4) Meet applicable state and federal laws governing the participation of providers in the Medicaid program, including, but not limited to, the ability to meet federal and state requirements for documentation billing and audits;

(5) Demonstrate that its staff has experience working with the target population and a minimum of five (5) years' experience in providing all core elements of case management including:

(A) Individual strengths and needs assessment;

(B) Needs-based service planning;

(C) Service coordination and monitoring; and

(D) Ongoing assessment and treatment plan revision.

(6) Have adequate administrative capacity to fulfill state and federal requirements;

(7) Have financial management capacity and systems that provide documentation of services and costs in accordance with Generally Accepted Government Auditing Standards (GAGAS);

(8) Have the capacity to document and maintain individual case records in accordance with state and federal requirements;

(9) Have a minimum of five (5) years' experience in providing and meeting the case management and service needs of the target population;

(10) Have responsibility for planning and coordinating statewide juvenile justice and delinquency prevention services in accordance with Title 10A of the Oklahoma Statutes (O.S.), Section (§) 2-2-102; and

(11) Have the ability to evaluate the effectiveness, accessibility, and quality of targeted case management (TCM) services on a community-wide basis.

(b) Interagency agreement. An agreement between the Oklahoma Health Care Authority (OHCA) and OJA for TCM services must be in effect before Medicaid reimbursement can be made for compensable services.

(c) Case manager qualifications. A targeted case manager for the OJATCM program must:

(1) Be employed by OJA;

(2) Possess a minimum of a bachelor's degree in a behavioral science, or a bachelor's degree and one (1) year of professional

experience in juvenile justice or a related field;

(3) Possess knowledge of:

(A) Laws, regulations, legislation, policies, and procedures as they pertain to the State's administration of juvenile justice and the investigation of juvenile delinquency;

(B) Community resources;

(C) Human developmental stages, developmental disorders, and social work theory and practices;

(D) Adverse childhood experiences and the impact of trauma on the developing brain;

(E) The risk and protective factors of child delinquency;

(F) Solution-focused practices and the critical role protective factors play in intervention planning;

(G) Sensitivity of cultural diversity; and

(H) Clinical and counseling techniques and treatment of juvenile delinquency;

(4) Possess skills in:

(A) Crisis intervention;

(B) Gathering necessary information to determine the needs of the child;

(C) Casework management;

(D) Courtroom testimony, terminology, and procedures;

(E) Effective communication;

(F) Developing, evaluating, and modifying, as appropriate, intervention planning on an ongoing basis;

(G) Establishing and maintaining supportive relationships with children and their families;

(H) Assisting children and families to access needed resources and supports; and

(I) Working with courts and law enforcement entities; and

(5) Have the ability to access multi-disciplinary staff, when needed. This includes, at a minimum, medical professionals and a child protective services social worker.

317:30-5-971. Coverage by category

~~Payment is made for case management service as set forth in this Section.~~

~~(1) **Adults.** There is no coverage for adults.~~

~~(2) **Children.** Payment is made for services to persons under age 18 as follows:~~

~~(A) **Description of case management services.** The target group for case management services are persons under age 18 who are in temporary custody or supervision of the Office of Juvenile Affairs (OJA), who are placed in own home or out-of-home care or Medicaid eligible recipients under age 18 whose behavior places them at risk of coming into the custody or supervision of OJA.~~

~~(i) Services are provided to assist a client in gaining access to needed medical, social, educational and other~~

~~services. Major components of the services include working with the client in gaining access to appropriate community resources. The case manager may also provide referral, linkage and advocacy. Case management is designed to assist individuals in accessing services. The client has the right to refuse case management and cannot be restricted from services because of a refusal for Case Management Services.~~
~~(ii) Case management does not include:~~
~~(I) Physically escorting or transporting a client to scheduled appointments or staying with the client during an appointment;~~
~~(II) Monitoring financial goals;~~
~~(III) Providing specific services such as shopping or paying bills; or~~
~~(IV) Delivering bus tickets, food stamps, money, etc.~~
~~(B) **Non-Duplication of services.** To the extent any eligible recipients in the identified target population are receiving OJATCM services from another provider agency as a result of being members of other covered target groups, the provider agency assures that case management activities are coordinated to avoid unnecessary duplication of service.~~
~~(C) **Providers.** Case management services must be provided by case management agencies.~~
~~(3) **Individuals eligible for Part B of Medicare.** Case Management Services provided to Medicare eligible recipients are filed directly with the fiscal agent.~~

The target group includes individuals under twenty-one (21) years of age involved in, or at serious risk of involvement with, the juvenile justice system, as provided in Article II of the Oklahoma Juvenile Code. The target group includes individuals, under twenty-one (21) years of age, who have been temporarily placed in OJA custody or supervision or who are voluntarily supervised by OJA to prevent further involvement with the juvenile justice system. The target group may include individuals, under twenty-one (21) years of age, who are assessed as at risk of abuse or neglect as defined in Title 10A of the Oklahoma Statutes (O.S.), Section (§) 1-1-105. The target group does not include those who are involuntarily in secure custody of law enforcement or judicial systems, except individuals who meet Medicaid criteria for inpatient care as defined in § 435.1010 of Title 42 of the Code of Federal Regulations.

(1) **Adults.** There is no coverage for adults age twenty-one (21) and older.

(2) **Children.** Payment is made for services to members under the age twenty-one (21).

317:30-5-971.1 Description of targeted case management (TCM) services.

(a) **Definition.** In accordance with Section (§) 440.169(b) of Title

42 of the Code of Federal Regulations (C.F.R.), TCM services are defined as services furnished to assist individuals, eligible under the Oklahoma Medicaid State Plan, in gaining access to needed medical, social, educational, and other services. TCM includes providing services that are directly related to identifying the individual's needs and care, for the purposes of helping the individual access services; identifying needs and supports to assist the individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the individual's needs [42 C.F.R. 440.169(e)]. TCM includes the following assistance:

(1) Comprehensive assessment and periodic reassessment of an individual's needs, to determine the need for any medical, educational, social, or other services.

(A) All members are assessed using comprehensive, evidence-based, risk/needs assessment tools at the beginning of case assignment.

(B) Comprehensive, evidence-based, risk/needs assessment tools are used to measure multiple areas or domains in the lives of the members and then linking that information to case planning.

(C) Any area showing a moderate to high-risk/need/strength score could result in additional goals and action steps documented within the individualized treatment plan.

(D) In addition to the initial assessment, each member is assessed, at least once every six (6) months. Assessment activities include:

(i) Taking member history;

(ii) Identifying and documenting the member's needs; and

(iii) Gathering information from family members, medical providers, social workers, educators (if necessary), and other applicable sources to form a complete assessment of the member.

(E) Should behavior shifts or life-changing events occur prior to six (6) months, the member is reassessed and the individualized treatment service plan is adjusted to reflect identified needs. Any needed changes in services, service providers, treatment type, frequency, or duration may be adjusted at this time.

(2) Development (and periodic revision) of a specific individualized treatment service plan is based on the information collected through the assessment that:

(A) Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

(B) Includes activities such as ensuring the active participation of the individual, and working with his or her authorized health care decision maker and others to develop those goals; and

(C) Identifies a course of action to respond to the assessed

needs of the individual.

(3) Referral and related activities (such as scheduling appointments for the member) to help the individual obtain needed services, including activities that help link the member 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 treatment service plan.

(4) Monitoring and follow-up activities necessary to ensure the individualized treatment service plan is implemented and adequately addresses the individual's needs.

(A) The targeted case manager visits with the child at least once each month, face to face, and/or weekly (via telephone) to review progress as outlined within the individualized treatment service plan. The targeted case manager must visit with the parent or legal guardians monthly. The targeted case manager maintains consistent contact with the service providers to remain up to date on the child's treatment and progress.

(B) The frequency and type of visits may be adjusted or revised to better meet the needs of the child.

(C) Monitoring and follow-up activities may be conducted as frequently as necessary, including at least one (1) annual monitoring, to determine whether the following conditions are met:

(i) Services are being furnished in accordance with the member's treatment service plan;

(ii) Services in the treatment service plan are adequate; and

(iii) Changes in the needs or status of the member are reflected in the treatment service plan. Monitoring and follow-up activities include making necessary adjustments in the treatment service plan and service arrangements with providers.

(b) **Non-covered services**. TCM does not include:

(1) Physically escorting or transporting a member to scheduled appointments or staying with the member during an appointment;

(2) Monitoring financial goals;

(3) Providing specific services such as shopping or paying bills; and/or

(4) Delivering bus tickets, nutritional services, money, etc.

(c) **Non-duplication of services.** Consistent with 42 C.F.R. § 441.18(a)(4), payment for case management or TCM services shall not duplicate payments made to public agencies or private entities under the Oklahoma Medicaid State Plan or other program authorities.

(d) **Individuals eligible for Part B of Medicare.** Case management services provided to Medicare eligible recipients are filed directly with the fiscal agent.

317:30-5-972. Reimbursement

~~Office of Juvenile Affairs Targeted Case Management (OJATCM) services will be reimbursed pursuant to the methodology described in the Oklahoma Title XIX State Plan.~~

(a) Targeted case management (TCM) services will be reimbursed pursuant to the methodology described in the Oklahoma Medicaid State Plan.

(b) The reimbursement methodology is based upon qualifying costs for the eligible population from the Cost Allocation Plan. The TCM unit rate is a prospective flat rate based on a qualifying TCM contact with the member in the target population or with some other person on behalf of the member during the claim period.

317:30-5-973. Billing

~~Billing for case management services is on Form HCFA-1500. Claims must be submitted in accordance with guidelines found at OAC 317:30-3-11 and 317:30-3-11.1.~~

Billing for case management services must be submitted, ensuring no duplication of services, and in accordance with state and federal requirements, reflective of guidelines found at Oklahoma Administrative Code (OAC) 317:30-3-11, 317:30-3-11.1, and 317:30-3-20.

317:30-5-974. Documentation of records

~~All case management services rendered must be reflected by documentation in the records. All units of Medicaid OJATCM services provided are documented by the case manager on the monthly Record of Contact form.~~

(a) The Oklahoma Office of Juvenile Affairs (OJA) must maintain case records that document for all members receiving targeted case management (TCM) as follows:

(1) The name of the member;

(2) The dates of the case management services;

(3) The name of the OJA as the provider agency (if applicable) and the person providing the case management service;

(4) The nature, content, units of the case management services received, and whether goals specified in the treatment service plan have been achieved;

(5) Whether the member has declined services in the treatment service plan;

(6) The need for, and occurrences of, coordination with other case managers;

(7) A timeline for obtaining needed services; and

(8) A timeline for reevaluation of the plan.

(b) All case management services rendered must be reflected by documentation in the records. All TCM units provided to the member must be documented by the case manager on the electronic case management system designated by OJA.