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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid & CHIP Operations Group

September 16, 2020

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
Oklahoma City, OK 73105

Dear Ms. Anthony:

On June 19, 2020, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 20-0004. This SPA was submitted to revise Supplement 1 to Attachment 3.1-A, Pages 7 - 7c to increase the maximum age to 21 for individuals who are involved or at serious risk of involvement with the juvenile justice system and align TCM services with current evidence-based practices.

We are pleased to inform you that SPA 20-0004 was approved on September 16, 2020, with an effective date of September 1, 2020, as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Oklahoma State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,



Digitally signed by James G. Scott
-S
Date: 2020.09.16 16:06:59 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kasie McCarty, Oklahoma Health Care Authority
Megan Buck, Program Branch Manager

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 04

2. STATE

Oklahoma

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR §440.169

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 124,940

b. FFY 2021 \$ 1,499,283

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 3.1-A, page 7
Supplement 1 to Attachment 3.1-A, page 7a
Supplement 1 to Attachment 3.1-A, page 7b
Supplement 1 to Attachment 3.1-A, page 7c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Supplement 1 to Attachment 3.1-A, page 7; TN 08-08
Supplement 1 to Attachment 3.1-A, page 7a; TN 08-08
Supplement 1 to Attachment 3.1-A, page 7b; TN 08-08
Supplement 1 to Attachment 3.1-A, page 7c; TN 08-08

10. SUBJECT OF AMENDMENT

SPA to increase the maximum age to 21 for individuals who are involved in or at serious risk of involvement with the juvenile justice system; and align targeted case management services with current evidence-based practices

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Melody Anthony

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
June 19, 2020

16. RETURN TO

Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
June 19, 2020

18. DATE APPROVED
September 16, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
September 1, 2020

20. SIGNATURE OF STATE AGENCY OFFICIAL
Digitally signed by James G. Scott -S
Date: 2020.09.16 16:08:56 -05'00'

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

TARGETED CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

The target group includes eligible individuals under age 21 who are assessed as at risk of abuse or neglect as define in Title 10A §1-1-105 of the Oklahoma Statutes and who are involved in, or at serious risk of involvement with the juvenile justice system. 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 42 CFR § 435.1009; 42 CFR § 435.1010.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a 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. (State Medicaid Directors Letter (SMDL), July 25, 2000)

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

X 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 §1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services [42 CFR 440.169(b)]: Targeted case management services are defined as 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 eligible individual;

Each eligible individual is assessed by utilizing an evidence-based, comprehensive assessment tool at the beginning of case assignment. The tool is designed to assess levels of risk, needs, or strengths within multiple areas, and to facilitate targeted and effective interventions. 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. Each eligible individual is reassessed and scored again, at least once every six (6) months. If behavior shifts or life-changing events occur prior to six (6) months, the eligible individual 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 also be effected at this time.

Revised 09-01-20

TN# 20-0004

Approval Date 9/16/20

Effective Date 09/01/2020

Supersedes TN# 08-08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Targeted Case Management *(continued)*Definition of services *(continued)*

- ❖ 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.
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the 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:
 1. services are being furnished in accordance with the individual's care plan;
 2. services in the care plan are adequate; and
 3. 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.

The targeted case manager performs at least one documented, face-to-face encounter per month with each eligible individual to review progress towards achieving Individualized Treatment Service Plan goals and objectives. The targeted case manager also engages in at least one contact per month with the parent(s) or legal guardian(s) of the eligible individual. Weekly or monthly contacts (often by telephone) are performed by the targeted case manager with family, school personnel, medical, and other service providers to stay aware of treatment and progress, support the coordination of services, and ensure that eligible individuals are provided with necessary services in a coordinated, timely, effective, and efficient manner.

Revised 09-01-20

TN# 20-0004Approval Date 9/16/20Effective Date 09-01-2020Supersedes TN# 08-08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Targeted Case Management (*continued*)Definition of services (*continued*)

X Targeted case management 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)]

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

Case Management Agency Qualifications:

The provider agency must:

1. Meet applicable State and Federal laws governing the participation of providers in the Medicaid program.
2. Demonstrate that their staff has experience working with the target population.
3. Have a minimum of five 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.
4. Have adequate administrative capacity to fulfill State and Federal requirements.
5. Have financial management capacity and system that provides documentation of services and costs in accordance with Generally Accepted Government Auditing Standards (GAGAS).
6. Have capacity to document and maintain individual case records in accordance with State and Federal requirements.
7. Have 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.
8. Have a minimum of five years' experience in providing case management services that coordinate and link to community resources required by the target population.
9. Have a minimum of five years' experience in meeting the case management and service needs of the target population, including statewide contract management/oversight and administration of services.
10. Have responsibility for planning and coordinating statewide juvenile justice and delinquency prevention services in accordance with Oklahoma Statutes.
11. Have ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis.

Revised 09-01-20

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 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Targeted Case Management (*continued*)Targeted Case Manager Qualifications:

1. Must be employed by an approved provider agency;
2. Possess a minimum of a Bachelor's degree in 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:
 - a. Laws, rules, regulations, legislation, policies, and procedures as they pertain to the State administration of juvenile justice and the investigation of juvenile delinquency;
 - b. Community resources;
 - c. Human developmental stages and related dysfunctions, social work theory and practices;
 - d. Adverse childhood experiences (ACE) 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 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 intervention plans 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.
5. Have the ability to access multi-disciplinary staff, when needed. This includes, at a minimum, medical professionals as needed and a child protective services social worker.

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.

Revised 09-01-20

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