

DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD WELFARE PROGRAMS

CHAPTER 413
DIVISION 50

SUPPORT SERVICES

Effective 01/01/05

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Special Medical Services Provided by Child Welfare

413-050-0400

Purpose

(Amended 01/01/02)

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

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

413-050-0405

Definitions

(Adopted 01/01/02)

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

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

413-050-0410

Payment for Medical Services for Administrative Exams and Other Medical

(Amended 01/01/02)

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

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

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

413-050-0420

Administrative Exams Payments

(Amended 01/01/02)

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

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

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

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

413-050-0430

Other Medical Payments

(Amended 01/09/03)

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

- (1) Drug and alcohol assessments for persons not eligible for Title XIX or the Oregon Health Plan.
- (2) A one-time emergency medical need for children in the custody of the Department that have been returned home. This is limited to children of low-income families not eligible for medical services through the Department.
- (3) Therapy for Children in Substitute Care, if recommended by a licensed psychiatrist or psychologist who evaluated the child, and the type of therapy and/or the therapist recommended is unavailable from the local mental health clinic or through the mental health plan (MHO) in which the child is enrolled. The therapist must be enrolled with DMAP or, failing that, there must be a signed contract in place prior to the therapy being provided. Funding availability will be determined by the District Manager or Designee (who may want to consult with the Assistant Field Administrator or the Medical Assistance Resource Coordinator to determine that there are no other resources available for funding).
- (4) Consultation with a licensed or registered provider regarding the case or treatment planning for a specific child. Field staff's consultation with licensed experts in human behavior offers an alternative to costly individual evaluations for families or children who are experiencing severe medical, behavioral or emotional problems. Frequently, the case record contains information accumulated over time which a consultant, trained to evaluate and interpret such data, can assess to assist the agency in developing or managing a timely and well-focused case plan.
- (5) Medical care for children in detention. ORS 418.034 mandates payment of the cost of medical care for the child in detention, including emergency medical care, if the child is in custody of the Department. "Medical care" means emergency medical care or medical

care for a medical condition that existed prior to the child's being held in a juvenile detention facility or in a local correctional facility or lockup.

- (6) Evaluations of parents when required by the Department for casework planning to determine the parents' emotional stability, intellectual capacity, parenting capacity or maturity. These may include medical, psychiatric, psychological evaluations or drug and alcohol assessments. This does not include ongoing treatment or services. Payment from "Other Medical" for the above services will not be made for parents in permanent planning cases or for parents who are Medicaid eligible through the Oregon Health Plan.
- (7) Parent/child and/or sibling interaction evaluation.
- (8) Protective service physical examinations authorized for the purpose of the legal investigation only and when out-of-home care is not a consideration.

Stat. Auth.: ORS 418.005
Stats. Implemented: Title XIX

413-050-0440

Medical Services "Permanent Planning"

(Amended 01/09/03)

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

Stat. Auth.: ORS 418.005
Stats. Implemented: Title XIX

413-050-0450

Medical Consultation and Training for Staff

(Amended 01/01/02)

- (1) Consultation and training for Department staff on health services problems will be paid upon approval of the District Manager or designee. The consultant or trainer is not required to be licensed or registered, nor to have an assigned provider number from DMAP.

- (2) Payment will be made only where there is a contract which was written and signed prior to the performance of services. (See OAR 413-330-0010.)

Stat. Auth.: ORS 418.005

Stats. Implemented: Title XIX

Domestic Violence Fund

413-050-0500

Policy

(Amended 01/01/05)

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0510

Definitions

(Amended 01/01/05)

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

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0515

Qualified Services

(Amended 01/01/05)

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

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0530

Advisory Committee

(Amended 01/01/05)

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0535

Criminal History Checks

(Amended 01/01/05)

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

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0555

Shelter Standards

(Amended 01/01/05)

Grantees that provide shelter homes or shelter facilities must:

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 - ORS 108.660

413-050-0560

Allocation of Funds

(Amended 01/01/05)

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0565

Department Selection Criteria and Rules

(Amended 01/01/05)

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

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0570

Applications for Funding

(Amended 01/01/05)

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

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

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 409.270 to 409.285

413-050-0575

Evaluation Process

(Amended 01/01/05)

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610 to 108.660

413-050-0585

Confidentiality

(Amended 01/01/05)

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

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 108.610

Targeted Case Management

413-050-0600

Purpose

(Renumbered 02/22/00)

These rules provide guidelines on the Targeted Case Management Program and information about how individuals and organizations can become qualified targeted case management service providers for children receiving services from Child Welfare or Oregon Youth Authority (OYA).

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0610

Definitions

(Renumbered 02/22/00)

- (1) "Case Manager": An employee of a provider organization who has completed the Division of Medical Assistance Programs (DMAP) approved case manager training.
- (2) "Client": for purposes of this policy, a child receiving target case management services.
- (3) "In-Home Setting": the home of the child's parent or legal guardian.
- (4) "MMIS": The Division of Medical Assistance Programs' (DMAP) Medical Management Information System.
- (5) "DMAP - Approved Case Manager Training": Training provided to an employee of a provider organization by Department TCM program coordinators or their designees.
- (6) "Target Population": Children under 21 who are currently residing in an in-home setting, a shelter home, foster home, group home, residential care facility, independent living situation financially supported through Child Welfare or the Oregon Youth Authority (OYA).

Exception: Children placed outside the geographical boundaries of the State of Oregon or children in non-Child Welfare-paid relative placements are not eligible to receive Title XIX reimbursement for targeted case management services under the current state plan.

- (7) "Targeted Case Management (also referred to as TCM)": Activities performed by the case manager to assist children in the Target Population to obtain necessary medical, social, educational, counseling, or other services.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0620

Targeted Case Management Services

(Renumbered 02/22/00)

Targeted Case management services include:

- (1) **Assessment.** After a client is determined to be in need of targeted case management services, the case manager assesses the specific areas of concern, family strengths, and resources, community resources, and extended family resources available to resolve those identified issues. At assessment, the case manager makes preliminary decisions about needed medical, social, educational or other services and the level of agency intervention.
- (2) **Case Planning.** The case manager develops a case plan, in conjunction with the client and family, to identify the goals and objectives which are designed to resolve the issues of concern identified through the assessment process. Case planning includes setting of activities to be completed by the case manager, the family, and the clients. This activity will include accessing medical, social, educational, and other services to meet the client's needs.
- (3) **Case Plan Implementation.** The case manager will link the client and the family with appropriate agencies and medical, social, educational, and other services through calling or visiting these resources. The case manager will facilitate implementation of services through assisting the client and family to access them and through assuring that clients and providers fully understand how these services support the case plan.
- (4) **Case Plan Coordination.** After these linkages have been completed, the case manager will ascertain, on an ongoing basis, whether or not the medical, social, educational, or other services have been accessed as planned, and the level of involvement of the client and family. Coordination activities include, but are not limited to personal, mail and telephone contacts with providers, as well as meetings with the client and family to assure that the services are being provided and used as planned.
- (5) **Case Plan Reassessment.** The case manager will determine whether or not medical, social, educational, or other services continue to be adequate to meet the goals and objectives identified in the case plan. Reassessment decisions include those to continue, change, or terminate services. This may include assisting clients to access different medical, social, educational, or other services beyond those already provided.

Reassessment activities include, but are not limited to, staffings and mail, personal and telephone contacts with involved parties.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0630

Targeted Case Management Providers

(Renumbered 02/22/00)

Targeted case management providers are organizations or individuals who are certified as meeting the following criteria:

- (1) A minimum of three years experience of successful work with children and families, involving a demonstrated capacity to provide all core elements of case management including assessment, case planning, case plan implementation, case plan coordination and case plan reassessment.
- (2) A minimum of three years case management experience in coordinating and linking community medical, social, educational and other resources as required by the target population.
- (3) A minimum of three years experience working with the target population.
- (4) Administrative capacity to ensure quality of services in accordance with state and federal requirements.
- (5) Financial management system which provides documentation of services and costs.
- (6) Capacity to document and maintain individual case records in accordance with state and federal requirements.
- (7) Demonstrated commitment to assure referral consistent with section 1902a(23) of the Social Security Act, Freedom of Choice of Providers; and
- (8) A minimum of three years experience demonstrating capacity to meet the case management service needs of the target population.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0640

Case Manager Qualifications

(Renumbered 02/22/00)

- (1) Completion of training in case management curriculum approved by the Division of Medical Assistance Programs (DMAP).
- (2) Basic knowledge of behavior management techniques, family dynamics, child development, family counseling techniques, emotional and behavioral disorders.
- (3) Skill in interviewing to gather data and complete needs assessments in preparation of narratives/reports, development of service plans, and in individual and group communications; and
- (4) Ability to work in court systems, to learn state and federal rules, laws and guidelines relation to child welfare, and to gain knowledge about community resources.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0650

Targeted Case Management Provider Designation

(Renumbered 02/22/00)

All potential targeted case management providers must comply with applicable licensing and/or regulatory requirements set forth by federal and state statutes and regulations. Additionally, potential providers must comply with the requirements set forth in the DMAP publication General Rules and General Information, "Conditions of Provider Participation" referencing OAR 410-120-1260, Provider Enrollment; The Provider Agreement; and Enrollment of Billing Providers.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0660

TCM Case Manager

(Renumbered 02/22/00)

The TCM case manager:

- (1) Is a private individual or works for a provider organization.
- (2) Possesses case manager qualifications identified in 413-050-0640.

- (3) Maintains case records which document the following information:
 - (a) Name of the recipient of the service (client);
 - (b) Date of service;
 - (c) Name of the provider agency and/or the person providing the service;
 - (d) Nature, extent or units of service; and
 - (e) Place of service delivery.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-050-0670

Targeted Case Management Billing

(Renumbered 02/22/00)

The targeted case management provider will:

- (1) Verify that the client receiving the TCM service is in the target population.
- (2) Bill third-party resources, including the child's trust account.
- (3) Establish a rate (fee) in conjunction with the Department.
- (4) Comply with all DMAP billing requirements, using either a Medicaid form 1500 or an electronic billing process through the MMIS system.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005