
Table of Contents

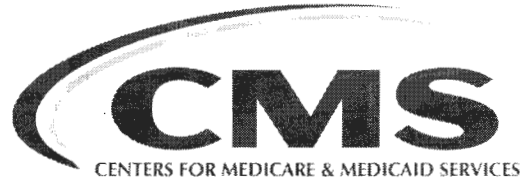
State/Territory Name: Oregon

State Plan Amendment (SPA) #: 13-05

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, MS/RX -43
Seattle, WA 98121



Centers of Medicaid and CHIP Services

SEP 26 2013

Bruce Goldberg, MD, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-005

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 13-005. This amendment is a corrective action to close out a Financial Management Review on Oregon's Personal Care Services (PCS) provided in Residential Mental Health Facilities (10-FM-2007-OR-02-F). This amendment changes the State Plan Personal Care Coverage to a limit of 20 hours unless the assessed need is higher and prior authorization is obtained.

This SPA is approved effective January 1, 2013, as requested by the State.

If you have any questions concerning this SPA or require further assistance, please contact me, or your staff may contact Bill Vehrs at (503) 399-5682 or bill.vehrs@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Carol J.C. Peverly.

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: Judy Mohr Peterson, Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-05	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 1/1/13	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 part 441	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 0 b. FFY 2014 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1a.1, 1a.2, 1a.3 (P&I) Attachment 3.1-A, Page 9i (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 1a.1
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10. SUBJECT OF AMENDMENT: This transmittal is being submitted This SPA is being submitted as a corrective action to close out a Financial Management Review on Oregon's Personal Care Services (PCS) Provided in Residential Mental Health Facilities (10-FM-2007-OR-02-F). This request was to comprehensively describe the elements of each facilities rate under the state's current reimbursement methodology for Personal Care Services Provided in Residential Mental Health Facilities.

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 **Judy Mohr Peterson**

14. TITLE: **Director, Division of Medical Assistance Programs**

15. DATE SUBMITTED: **3-15-13**

16. RETURN TO:
**Division of Medical Assistance Programs
Oregon Health Authority
500 Summer Street NE E-35
Salem, OR 97301**

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: MAR 15 2013	18. DATE APPROVED: 9/26/13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/13	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS: 5/23/2013 State authorizes P&I change to box 8 9/19/2013 state authorizes P&I change to box 8	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

LIMITATIONS ON SERVICES

24. f. Personal Care Services (42 CFR 440.167)

Eligible individuals must be assessed for their need for personal care services. Personal care services are limited to 20 hours per month. Individuals whose assessed need exceeds the 20 hour limit may receive approval for additional hours through a prior approval process. State Plan Personal Care services are not available for individuals in an institution.

TN No. 13-05
Supersedes TN No.

Approval Date:

Effective Date: 1/1/13

SEP 26 2013

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Provider type/ Service type	Payment method
24.a. Transportation	<p><u>Emergency Transport-</u> Payment for emergency medical transportation services is a state-wide fee schedule.</p> <p>The rate is posted on the agency web at: http://www.oregon.gov/oha/healthplan/pages/data_pubs/feeschedule/main.aspx</p> <p><u>Non-emergency transports not provided/arranged by the brokerage system as authorized under 1115 waiver authority-</u> NEMT ambulance level transports is a state-wide fee schedule. Client and necessary attendant reimbursement- mileage is \$0.25 per mile and is all-inclusive. Meals- Breakfast: \$3.00,Lunch: \$3.50,Dinner: \$5.50 Lodging- the lesser of the actual cost, or \$40 per night. Volunteer drivers-Rides are reimbursed per standard GSA mileage rates for business miles driven.</p>

TN No. 13-05
Supersedes TN No. 13-07

Approval Date:

Effective Date:1/1/13

SEP 26 2013

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Provider type/ Service type	Payment method
24.f. Personal Care Services	<p><u>For Clients Served through Seniors and People with Disabilities:</u></p> <p>Payments are made to individual providers based on state-wide uniform hourly rate. The fee schedule is the same for both governmental and private providers. The rate for Personal Care Services for Clients Served through Seniors and People with Disabilities was last updated on 1/1/11 and is applicable to services rendered on or after that date. The rate is posted on the agency web at: http://www.oregon.gov/DHS/spd/provtools/rateschedule.pdf.</p> <p><u>For Clients Served through the Addictions and Mental Health Divisions (AMH):</u></p> <p>For services provided in licensed community-based residential settings, AMH has developed a base number of hours of personal care per facility type per day, which when multiplied by the hourly rate specific to that facility type, provides the base rates. The base hours of personal care need are Adult Foster Home (3); Residential Treatment Home/Facility (4); Secured Residential Treatment Facility (6). Providers who document service needs in excess of the base personal care needs are eligible to receive enhancements up to 6 hours of additional need per day. The personal care service rates provided in these residential settings do not include reimbursement for room and board.</p> <p>For services provided in non-licensed settings, eligible individuals may receive up to 20 hours of personal care services per month at state-wide uniform hourly rate</p> <p>Current base rates are made available on the internet at: http://www.oregon.gov/oha/amh/mho/codes/amh-rates2013-01.pdf</p>

TN No. 13-05
Supersedes TN No. 12-09

Approval Date:

Effective Date: 1/1/13

SEP 26 2013

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Provider type/ Service type	Payment method
24.f. Personal Care Services	<p data-bbox="516 674 964 705"><u>For Children in a Foster Care Setting:</u></p> <p data-bbox="516 741 1479 936">Payments are made to individual providers (in accordance with a fee schedule for personal care services maintained in Chapter 413 of the Oregon Administrative Rules) based on the special needs of an individual child, identified through an assessment performed by an Registered Nurse and incorporated into an individual plan of care. Payment is only made for the days the child is eligible for and receives personal care services. The fees were last updated September 1, 2009.</p> <p data-bbox="578 942 919 970">There are four levels of care:</p> <ul data-bbox="656 976 1487 1171" style="list-style-type: none">Level 1 - \$47.77 per week;Level 2 - \$95.30 per week;Level 3 - \$143.07 per week; andLevel 4 - In extraordinary situations where continuous observation and/or interventions may be required, individualized rates are developed based on the child's needs.

TN No. 13-05
Supersedes TN No. 12-09

Approval Date:

Effective Date: 1/1/13

SEP 26 2013