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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 19-0001

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
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Western Division - Regional Operations Group

April 30, 2019

Patrick Allen, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number 19-0001

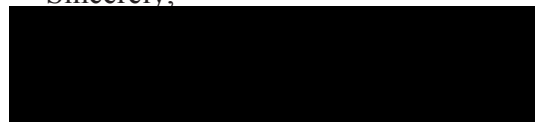
Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 19-0001. This SPA was submitted to revise rate standards for services in adult mental health residential facilities.



This SPA is approved effective January 8, 2019, as requested by the state.

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

Sincerely,



David L. Meacham
Deputy Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-0001	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 1/8/19	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 & 1915(i) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$ 6,670,749 b. FFY 2020 \$ 13,810,722	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 1a.2, 12	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 1a.2, 12	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to revise rate standards for services in adult mental health residential facilities.		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Low Coyner, MA	17. DATE RECEIVED: 3/8/19	
14. TITLE: State Medicaid Director, OHA	18. DATE APPROVED: 4/30/19	
15. DATE SUBMITTED: 1/8/19	FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/8/19		
20. SIGNATURE  <small>Digitally signed by David L. Meacham - 5</small>		
21. TYPED NAME: David L. Meacham	22. TITLE: Deputy Director, Western Region <small>Date: 2019.05.01 05:08:50 -0400</small>	
23. REMARKS:		

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

24.f Personal Care Services:

For Clients Served through Seniors and People with Disabilities:

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>.

For Clients Served through the Addictions and Mental Health Divisions (AMH):

For services provided in licensed community-based residential treatment settings, which include residential treatment home/facility, secure residential treatment facility and Young adult in transition treatment home, OHA has developed a standardized rate based upon actuarially sound principles for personal care services tiered for different levels of client acuity needs in a range of bed size bands. The tiered rates are developed for the Oregon specific regions for annually adjusted minimum wage trended forward. The personal care service rates provided in these residential settings do not include reimbursement for room and board.

Medicaid reimbursement rates for Adult Foster Care providers are collectively bargained through the Department of Administrative Services on behalf of the Oregon Health Authority with the Service Employees International Union. These rates are set based on a bargaining agreement at two-year intervals. The collective bargaining process is a public process.

Retainer payments may be made to providers of personal care and habilitation while the individual is hospitalized or absent from the congregate setting for no more than 30-days, or as authorized by the agency. The retainer payment applies the standardized rate absent bed tier with no staffing or engagement costs during the temporary absence.

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

Current base rates are made available on the internet at:

<https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

§1915(i) HCBS State plan Services
 State/Territory: Oregon

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate.

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input checked="" type="checkbox"/>	<p>HCBS Habilitation</p> <p>Payment methods for HCBS Habilitation use standard code sets such as CPT, HCPCS and modifiers. Existing Codes will be paired with the modifier “HW” to identify them as State Plan HCBS services. Services provided in licensed community-based residential treatment settings, which include residential treatment home/facility, secure residential treatment facility and Young adult in transition treatment home, OHA has developed a standardized rate based upon actuarially sound principles for personal care services tiered for different levels of client acuity needs in a range of bed size bands. The tiered rates are developed for the Oregon specific regions for annually adjusted minimum wage trended forward. The personal care service rates provided in these residential settings do not include reimbursement for room and board. The fee schedule is posted on the agency web at: https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx.</p> <p>Medicaid reimbursement rates for Adult Foster Care providers are collectively bargained through the Department of Administrative Services on behalf of the Oregon Health Authority with the Service Employees International Union. These rates are set based on a bargaining agreement at two year intervals. The collective bargaining process is a public process.</p> <p>Except as otherwise noted in the plan, state-developed fee methodology rates are the same for both governmental and private providers of HCBS habilitative services. The provider types, can bill, depending on the services provided, in 15-minute units, daily or monthly frequency, accordingly to the CPT/HCPCS billing code utilized. HSD will periodically audit the providers to ensure the appropriateness of the rates. Rate reviews are conducted continuously, and each provider will have a completed rate review at least every three years. All payments will be made retroactive based on submission of claim forms directly from OHA to the provider or to a third party administrator.</p>