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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 20-0010

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

September 23, 2022

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

Re: Technical Correction: Oregon State Plan Amendment (SPA) OR-20-0010

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR 20-0010. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations, and issued approval of this SPA on June 18, 2020. However, during a quality review being conducted by CMS it was discovered that the original approval package sent to Oregon should have included defined rate increase termination dates for providers including nursing facilities, assisted living facilities, residential care facilities, and Office of Developmental Disabilities Services settings, as originally requested by Oregon. This Technical Correction institutes the payment for the defined time period originally intended by Oregon. The enclosed corrected package contains the original signed letter, CMS-179 and the corrected SPA pages included in the earlier package.

Please contact Nikki Lemmon at 303-844-2641 or by email at Nicole.lemmon@cms.hhs.gov if you have any questions. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Oregon and the health care community.

Sincerely,

Alissa M. Deboy -S

Digitally signed by Alissa M. Deboy -S
Date: 2022.09.23 07:47:48 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

June 18, 2020

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

Re: Oregon State Plan Amendment (SPA) OR-20-0010

Dear Mr. Allen:

We have reviewed the proposed amendment to add section 7.5 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) OR-20-0010. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq*.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-

19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Oregon also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Oregon also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Oregon's Medicaid SPA Transmittal Number OR-20-0010 is approved effective March 1, 2020. This SPA is in addition to the Disaster Relief SPA approved on April 24, 2020 and does not supersede anything approved in that SPA.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Nikki Lemmon at 303-844-2641 or by email at Nicole.lemmon@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Oregon and the health care community.

Sincerely,

Anne M. Costello -S

Digitally signed by Anne M. Costello -S
Date: 2020.06.18 12:26:34 -04'00'

Anne Marie Costello
Deputy Director
Center for Medicaid & CHIP Services

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **20-0010**

2. STATE: Oregon

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
3/1/20

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 CITATION42 CFR
42 CFR 435 & 447; Title 19 and Section 1135 of the SSA

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 $ 8,668,136
b. FFY 2021 $

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 7.5, Page 90-100

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

10. SUBJECT OF AMENDMENT: Amends the State Plan to provide the state discretion to make temporary adjustments to eligibility, HPE, payments requirements for a specified period of time in response to COVID-19 outbreak.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: Lori Coyner, MA

14. TITLE: State Medicaid Director, OHA

15. DATE SUBMITTED: 4/3/2020

16. RETURN TO:
Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 4/3/20

18. DATE APPROVED: June 18, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/20

20. SIGNATURE OF REGIONAL OFFICIAL: Anne M. Costello -S
Digitally signed by Anne M. Costello -S
Date: 2020.06.18 12:26:59 -04'00'

21. TYPED NAME: Anne Marie Costello

22. TITLE: CMCS Deputy Director

23. REMARKS:

FORM HCFA-179 (07-92)

Section 7 – General Provisions
7.5. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here. With the exception of provisions that describe a specific sunset date, all policies and procedures describe in this SPA are time limited to no later than the termination of the national public health emergency, including any extensions.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

__~~X~~___ The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

a. __X___ SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

b. ___X__ Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

c. __X___ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in Oregon Medicaid state plan, as described below:

Please describe the modifications to the timeline. Tribal entities are informed of any urgent SPAs or waivers via our monthly Tribal Meetings and DTLL however instead of the 30, 60, 90 day time periods the agency requests expediated review due to the urgent nature of the SPA.

Section A – Eligibility

1. ___ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

   a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

      Income standard: _____

      -or-

   b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

      Income standard: _____

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

   Less restrictive income methodologies:

This SPA is in addition to the Disaster Relief SPA 20-0011, approved on April 24, 2020 and does not supersede anything approved in that SPA.

4. _X___ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistences or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. __X__ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods. Contracted Community Partner organizations will be designated as qualified entities to make presumptive eligibility determinations. Individuals are limited to 2 presumptive eligibility determinations within a 12 month period beginning with the effective date of coverage of the initial PE period. The MAGI populations the qualified entities can make determination for are: Parent or Other Caretaker Relative, MAGI Adult, MAGI Pregnant Woman, MAGI Child, Former Foster Care Youth Medical, Breast and Cervical Cancer Treatment Program.

4. _____ The agency adopts a total of _____ months (not to exceed 12 months) continuous eligibility for children under age enter age _____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

5. _____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every _____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).

6. _____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).

    a. _____ The agency uses a simplified paper application.

    b. _____ The agency uses a simplified online application.

    c. _____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. _____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. _____ The agency suspends enrollment fees, premiums and similar charges for:

   a. _____ All beneficiaries

   b. _____ The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. _____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. _____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. __X___ The agency makes the following adjustments to benefits currently covered in the state plan:

Effective March 1, 2020, for the purposes of testing to diagnose or detect SARS-CoV-2, antibodies to SARS-CoV-2, or COVID-19, test conducted in non office settings such as parking lots are covered, exempting requirements in 42 CFR 440.30(b). Coverage also includes laboratory processing of self-collected test systems that the FDA has authorized for home use, if available to diagnose or detect SARS-CoV-2, antibodies to SARS-CoV-2, or COVID-19, even if those self-collected test would not otherwise meet requirements in 42 CFR 440.30(a) or (b), as long as the self-collection of the test is intended to avoid transmission of COVID-19.

3. __X___ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. __X___ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

    a. __X___ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

    b. _____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

5. _____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

Drug Benefit:

6. __X___ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs. OHA is Allowing DXC to exercise clinical judgment to waive day supply limits when appropriate to reduce exposure risk. Early refill allowed when appropriate for a 2-week reserve supply Consider client, stakeholder and agency messaging for mail order pharmacy.

7. __X___ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. _____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. __X___ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. _____ Newly added benefits described in Section D are paid using the following methodology:

   a. _____ Published fee schedules –

      Effective date (enter date of change): _____

      Location (list published location): _____

   b. _____ Other:

Describe methodology here.

Increases to state plan payment methodologies:

2. _____ The agency increases payment rates for the following services:

Please list all that apply.

   a. _____ Payment increases are targeted based on the following criteria:

Please describe criteria.

   b. Payments are increased through:

      i. _____ A supplemental payment or add-on within applicable upper payment limits:

Please describe.

This SPA is in addition to the Disaster Relief SPA 20-0011, approved on April 24, 2020 and does not supersede anything approved in that SPA.

ii. _____ An increase to rates as described below.

Rates are increased:

_____ Uniformly by the following percentage: _____

_____ Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

_____ Up to the Medicare payments for equivalent services.

_____ By the following factors:

Please describe.

Payment for services delivered via telehealth:

3. ___X__ For the duration of the emergency, the state authorizes payments for telehealth services that:

   a. _____ Are not otherwise paid under the Medicaid state plan;

   b. _____ Differ from payments for the same services when provided face to face;

   c. ___X__ Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation. Providers using POS 2 for telehealth will receive the non facility RVU rate regardless of the type of entity they are until the end of the public health emergency.

   d. _____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

      i. _____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.

      ii. _____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. __X__ Other payment changes:

Please describe.

With the exception of provisions that describe a specific sunset date, all policies and procedures describe in this SPA are time limited to no later than the termination of the national public health emergency, including any extensions. These temporary rate methods account for the extraordinary expenses these providers have been experiencing in managing the COVID-19 emergency.

1) **All Mental health and Substance Use Disorder residential treatment providers:** Utilizing State Plan methods currently approved under Attachment 4.19-B, section 24.f which established Reserve Service Capacity payments to providers while the individual is hospitalized or absent from the congregate setting as authorized by the agency. OHA will reimburse providers during the emergency period for the costs of maintaining service capacity in light of reduced occupancy created from COVID-19 response. Providers reimbursement will be limited by average Medicaid occupancy in 2019. Reasons for reimbursement would include vacancies created as a result of reconfiguring bed space for physical distancing and lower referrals due to COVID-19 concerns. This would include all mental health residential for children and adults, and substance abuse residential for children and adults.

2**) For Tribal 638 and Urban Indian Health programs utilizing PPS:**
At the option of the health program, provide an enhanced PPS rate during the duration of the public health emergency. Each tribal 638/urban Indian health program's enhanced PPS rate will be calculated and updated monthly and retrospectively and will be determined by dividing total Medicaid FFS billing for services rendered during the analogous calendar month in 2019 by the total number of Medicaid patient encounters during the same month in 2020. This rate will be applicable retroactive to 3/1/2020.

For Indian Health Service /Tribal 638 programs utilizing the IHS/MOU rate:
At the option of the health program, provide supplemental payments representing the difference between the IHS/MOU rate and the amount the provider would receive if this rate were calculated using the enhanced PPS methodology described above

3) **Rates for nursing facilities, assisted living facilities, residential care facilities** are increased by 10% for the period 4/1/20-6/30/20 or until the end of the Public Health Emergency, whichever occurs earlier. This includes all program sections under the current state plan that utilizes these facilities such as 1915(k), general programs, ABP. This also includes ODDS settings such as Adult Group Home (AGH) and Group Care Homes for Children (GCH).

4) OHA will offer interim stability payments to help providers continue in business during the public health emergency. Excluded providers under this paragraph are pharmacies, pharmacists, direct medical equipment providers, and any providers reimbursed under options 1,2,3,5 and 6 included in this temporary SPA. Eligible providers under paragraph must also have an active contract in good standing with OHA FFS as of March 1, 2020. Providers must attest to their continuing to provide Medicaid services.

Eligible providers must apply for interim payments, and the amount of payment to any applying provider will be determined by OHA. The payment amount will be the average monthly billing to OHA FFS in CY 2019, times the number of months claimed. The months claimed start with March 2020 and run through the month in which the application is filed, and in the case of subsequent applications will be offset by any previous months claimed. For any service month for which the provider has already received claims payment for services furnished in that month, the interim payment to be issued for that month will be reduced to account for the claims payment already made. Monthly interim payments will not be made in advance for future periods. Applications may be filed until the end of the Public Health Emergency. Interim payments are subject to reconciliation with final payments for which providers are eligible based on billed claims. Reconciliation will be completed by the end of the quarter following the end of the public health emergency. Any overpayments must be returned to CMS by the quarter after the reconciliation.

5) Newly created HCPCS code (U0001) and (U0002) Diagnostic Test Panel COVID-19, to be paid at 100% of Medicare with no AB 97 reduction.

6) Due to nurse providers getting sick or refusal to enter certain homes, or the possibility of nurses finding alternative work in higher paying health settings (hospitals), the universe of available nurses may be strained due to the COVID -19 crisis. To maintain the pool of private duty nursing providers for the medically fragile children receiving these services, OHA proposes a temporary increase in rates for independent LPNs and RNs, and agency LPNs to match the current rate paid for Agency RNs at $62 per hour. This will allow agencies to recruit more LPNs and retain existing staff nurses for these services during the Public Health Emergency.

Section F – Post-Eligibility Treatment of Income

1. _____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:

   a. _____ The individual's total income

   b. _____ 300 percent of the SSI federal benefit rate

   c. _____ Other reasonable amount: _____

2. _____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

   The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.