

American Rescue Plan Act
Section 9817 Enhanced FMAP
Spending Plan

January 11, 2023

Oregon Health Authority
Oregon Department of Human Services



Medicaid
HEALTH SYSTEMS DIVISION
Kate Brown Governor

Oregon
Health
Authority

January 11, 2023

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Centers for Medicare and Medicaid
Services

Jennifer Bowdoin, Director, Division of Community Systems Transformation
7500 Security Boulevard
Baltimore, MD 2124

Re: ARPA Spending Plan

Dear Ms. Bowdoin,

Please accept Oregon's submission of this spending plan narrative in support of our American Recovery Plan Act Section 9817 funding request. Oregon's funding request will support Home and Community-Based services for Oregonians with Long-Term Services and Supports needs through additional services, infrastructure improvements, increased provider payments and incentives and developing resources to support individuals and families needing LTSS in Oregon communities. Oregon makes the following assurances regarding the use of any expenditures in support of this request:

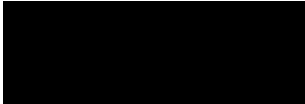
Oregon makes the following assurances-

- Oregon is using the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021.
- Oregon is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.
- Oregon is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.
- Oregon is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, that were in effect as of April 1, 2021.

- Oregon is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

We appreciate CMS time and look forward to working with our federal partners on approval of our funding request.

Thank you,



Dana Hittle

Interim Medicaid Director con

Oregon Health Authority, Health Systems Division

500 Summer St NE

Salem OR 9730

Oregon Health Authority- Health Systems Division

Infrastructure

- 1) Allocate \$2,250,000 to establish an innovation fund to improve the Home and Community-Based behavioral health system. Reserve \$1,00,000 of the total funds on efforts to promote service equity and cultural competence in the behavioral health residential system that provides Home and Community-Based services under 1915(i) authority.

Section 9817 Funds- \$2,250,000

HCBS Providers and Appendix B Services- Individuals and residential facilities licensed/authorized as providers for individuals receiving 1915(i) Home and Community-Based services.

Section 9817 Compliance- Enhancement of system to promote equity and cultural competence in Home and Community-Based Services (HCBS) programs.

- 2) Allocate \$500,000 to support service equity training development and delivery for 1915(i) HCBS providers.

Section 9817 Funds- \$500,000

Section 9817 Compliance- Enhancement of system to promote equity and cultural competence

- 3) Establish a \$3,000,000 performance based contracting fund to incentivize SUD (substance use disorder) and MH (Mental Health) providers to achieve quality/ staffing/ compensation benchmarks jointly established via stakeholder/accountability process. These performance-based contracts are targeted toward providers in home and community-based settings, intended to avoid institutionalization, and promote approved 1915(i) services. Methodology will be established within the Medicaid state plan and 1915(i) state plan option, with the intention to incentivize services to stabilize individuals within their own or family homes and in the community of choice.

Section 9817 Funds- \$3,000,000

HCBS Providers and Appendix B Services- Individuals and residential providers licensed/authorized as providers for individuals receiving 1915(i) Home and Community-Based services

Section 9817 Compliance- Supplements payment system to promote higher quality services. Strengthens delivery system.

- 4) HSD estimates a need for 2 Principle Executive Manager Es, four Operations and Policy Analysts 3s, two Training and Development Specialists 2s, one Executive Support Specialist and one Office Support 2.

Section 9817 Funds- \$658,935

Section 9817 Compliance- Enhance infrastructure by providing resources to development of operations and policy to enable implementation of Section 9817 proposals

- 5) Funding for HIPAA Compliant technology for Case Management Entities and providers serving individuals under 1915(i) authority - With the pandemic, all services had to move to remote models. This has proven successful for some individuals served and as we look to the future, we want the option for remote services to continue. This will also provide access to technology for Home and Community-Based residential settings to support efforts to decrease isolation during pandemics as called for in Oregon House Bill 2394. During the pandemic, the HHS did not enforce HIPAA requirements for remote services. When the Public Health Emergency ends, we want to ensure these services can continue with the use of appropriate HIPAA technology.

Section 9817 Funds-\$500,000

HCBS Providers and Appendix B Services- Individuals and residential providers licensed/authorized as providers for individuals receiving 1915(i) Home and Community-Based services

Section 9817 Compliance- System enhancement that will provide resources to ensure compliance with Health Insurance Portability and Accountability Act (HIPAA) and other federal requirements for telehealth and remote case management and service plan monitoring

- 6) Allocate funding for a contractor to develop new assessment tool and comprehensive person-centered service plan and training for Independent and Qualified Agents, and 1915(i) providers

Section 9817 Funds- \$125,000

HCBS Providers and Appendix B Services- Independent and Qualified Agents who will provide needs assessments to individuals under 1915(i) and 1905(a) authority and HCBS providers authorized under 1915(i) and 1905(a) authority who will participate in needs assessments for 1915(i) HCBS and 1905(a) Personal Care services.

Section 9817 Compliance- Enhancement to provider system that provides additional resources for quality, equity, and cultural competence.

- 7) Study to allow use of Rideshare - Lack of access to transportation continues to be a barrier for people with BH and SUD needs. HSD would like to expand access to transportation by allowing use of ride sharing services. A number of challenges have prevented use of these services. HSD will use this funding to initiate a study of other states use of these services with the goal of adding them as approved providers to our Medicaid authorities.

Section 9817 Funds- \$12,500

Section 9817 Compliance- Feasibility study for potential expansion of services by providing additional transportation options.

- 8) Build on existing data captures for Individuals with Disabilities Education Act health related services billed to Medicaid to include service documentation and records in a statewide system for electronic education health related records would not exceed 3 million dollars and would be a huge benefit to having all the child's health related services provided in public education programs and settings.

The amount for this Information Technology (IT) project will include design meetings with Oregon Department of Education (ODE), stakeholder school districts, medically licensed staff providing services, and licensing boards to ensure documentation components are compliant with state and federal rules and regulations governing Individuals with Disabilities Education Act (IDEA), Rehabilitation Act of 1973 section 504, OHA Medicaid and scope of practice governed by licensing boards. Will also include testing, roll out and training.

Section 9817 Funds- \$1,250,000

Section 9817 Compliance- Enhancement that would create a data system that would coordinate education and Medicaid in a single system

- 9) Medical/Clinical expertise for HSD - HSD supports children and adults with significant medical challenges and co-occurring behavioral health challenges. As a community-based system, we do not have expertise embedded in our system for consultation when medical or serious behavioral health issues arise. These issues may tie to eligibility for BH or SUD services, or how to support someone in a community setting. We will use this funding to bring in short-term clinical support to establish a scope of work for a future, ongoing contract with a partner university or specialized clinic. This funding also includes resources for development of accessible health and wellness resources for people with BH/SUD needs and referral database for those resources for individuals, families, CMEs, and providers. Consultive services are targeted toward providers, and individuals accessing services, in home and community-based settings, intended to avoid institutionalization, and promote approved 1915(i) services. Additionally, Medicaid program analysts are partnering with the Office of Behavioral Health, providers, and individuals receiving HCBS services to identify SDOH and implement into reimbursement methodology.

Section 9817 Funds- \$1,000,000

HCBS Providers and Appendix B Services- 1915(i) authority Consultation services to be provided by medical professionals in support of individuals and providers under 1915(i) authority.

Section 9817 Compliance- Enhancement to provide coordinated support across health and LTSS/HCBS spectrum. Addresses Social Determinants of Health and Health Disparities.

- 10) Develop and Enhance the IT Infrastructure -Funding to initiate or expand current IT infrastructure projects. The specific projects planned for this funding include:
 - a) work with Aging and People with Disabilities/Office of Developmental Disabilities Services and Service Employees International Union to develop a Home Care Worker/Personal Support Worker/Personal Care Attendant

portal that will allow a worker to be approved to be both a PSW, HCW and PCA at the same time, rather than needing to navigate separate processes.

- b) base funds to use for another Advanced Planning Doc to CMS to initiate a Provider Training Module for the various type of Agency Providers contracting with Oregon Department of Human Services and Oregon Health Authority. The current system used is a federal system that ODHS or OHA cannot modify. This could also be a combined HSD/DD/APD effort.

Section 9817 Funds- \$2,500,000

HCBS Providers and Appendix B Services- Collaborative effort between State agencies to benefit individual and agency HCBS providers authorized/certified to provide services under 1915(i) Home and Community-Based Services, 1915(k) Community-First Choice and 1905(a) Personal Care Services

Section 9817 Compliance- Enhance infrastructure by providing resources to develop cross-system partnerships to better coordinate HCBS provider availability across HCBS programs.

Services/Benefits

- 1) Crisis Services. On a daily basis, OHA BH (Oregon Health Authority, Behavioral Health) encounters unique situations with the individuals we serve. They often face barriers in life that we are unable to address due to regulatory limitations. HSD (Health Systems Division) proposes establishing a pot of \$1,500,000 to develop training resources to address unique needs that keep individuals out of crisis and minimize exposure to activities that could result in criminal behavior and/or risk of institutionalization. Training will be targeted to HCBS providers who provide services and supports to individuals who are under jurisdiction of PSRB (Psychiatric Security Review Board)/Sex Offender Treatment/Community Supervision for criminal behaviors not related to medical/behavioral needs and to individuals with complex needs, including those who engaged in more than one system of care.

Training will be provided to assist providers that support individuals who must follow guidelines required by PSRB. Training will also guide providers who work with individuals during transition from and after

release from PSRB jurisdiction. Additionally, these trainings will focus on assisting providers to understand the resources available across multiple systems of care, using evidence based approaches to treatment. These trainings are intended to ensure providers understand how to work with individuals to access community activities and resources; while helping build skills necessary to identify and avoid activities that could result in criminal behavior and/or institutionalization.

Section 9817 Funds- \$1,500,000

Section 9817 Compliance- Supplements services to individuals by providing additional provider resources to prevent or minimize crisis events and prevent unnecessary institutional admissions or justice system involvement. Strengthens, enhances and expands HCBS system by adding community training resources to current system.

Provider Types-

Providers: Home and Community-Based facilities and providers operating under 1915(i) authority, including, Residential Treatment Homes/facilities, Adult Foster Homes, Residential Care Facility, Licensed clinical providers, Qualified Mental Health Professional, Qualified Mental Health Associate, Behavioral Health Organization, Personal Care Attendant, In-home Care Agency, Certified Peer Services Support Specialists, Recovery assistant, Mental Health Intern

Minimum Qualifications: Education (e.g., Bachelor's degree, Associate's degree, certificate) in a Human/social services field or a relevant field; and/or at least one year of relevant professional experience and/or training in the field of service.

Knowledge of principles, methods, and procedures of services included under crisis support services, or comparable services meant to support an individual's ability to maintain independence in home and community-based settings.

Medicaid Eligibility Group/Authority- 1915(i), 1115 OHP residing in the community (non-institutional settings)

2) Expand Money Management Program to serve more individuals.

Section 9817 Funds- \$125,000

Section 9817 Compliance- Supplements services by providing additional resources for money management services. Makes funding available to individuals who may need assistance with money management but do not have need for more intensive LTSS. Available as a State plan service under and allowable under Appendix B under 1905(a), 1915(c), 1915(k) and 1915(i) authorities but not available to individuals who do not meet service criteria for LTSS or Personal Care programs. Expands current services by making available to individuals residing in Home and Community-Based settings with need for money management and will delay need for higher level LTSS.

Provider Types- Providers: State contracted money management providers approved by the Social Security Administration.

Medicaid Eligibility Group/Authority- 1905(a), 1915(i), 1115 Oregon Health Plan

3) People with Behavioral Health and SUD needs are at high risk of being socially isolated and lonely. The National Core Indicators for Aging and People with Disabilities survey reports that many individuals receiving Medicaid services report feeling isolated from friends and family and feel lonely. This investment would purchase additional weekly service hours as determined by conducting the UCLA Loneliness Scale. Individuals scoring 6-9 would be eligible for additional service hours every week. These services could be provided by peer support specialists.

Section 9817 Funds- \$1,500,000

Section 9817 Compliance- Supplements and enhances services by providing additional resources to promote independence and decrease feelings of isolation for individuals living in Home and Community-Based settings. Assistance provided to supplement current service plan with non-covered services to help prevent feelings of isolation and loneliness. Not listed in Appendix B.

HCBS Provider Types- HCBS providers licensed and/or authorized under 1915(i) authority, including Residential Treatment Homes/facilities, Adult

Foster Homes, Residential Care Facility, Licensed clinical providers, Qualified Mental Health Professional, Qualified Mental Health Associate, Behavioral Health Organization, Personal Care Attendant, In-home Care Agency, Certified Peer Services Support Specialists, Recovery assistant, Mental Health Intern.

Minimum Qualifications: Education (e.g., Bachelor's degree, Associate's degree, certificate) in a Human/social services field or a relevant field; and/or at least one year of relevant professional experience and/or training in the field of service.

Knowledge of principles, methods, and procedures of services included under crisis support services, or comparable services meant to support an individual's ability to maintain independence in home and community-based settings

Medicaid Eligibility Group/Authority- 1905(a), 1915(i), 1115 Oregon Health Plan

- 4) Housing for individuals receiving BH services continues to be a barrier to helping individuals transition to homes of their own. While HSD cannot pay rent or subsidize direct housing, HSD can provide supports to individuals who need assistance in finding and maintaining housing. HSD would provide the services to individuals transitioning to, or living in the community, including but not limited to: Conduct a housing assessment identifying individual's preferences related to housing and needs for support to maintain housing, budgeting for housing/living expenses, assist individual to view and acquire housing. Develop an individualized housing support plan based upon the housing assessment. Communicate the individual's disability/condition, accommodations needed, and components of emergency procedures involving the property manager. Community Transition Services cover expenses necessary to enable individuals to obtain an independent, community-based living setting. Specifically, allowable expenses may include deposits required to obtain a lease on an apartment or home; essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; set-up fees or deposits for utility or service access, moving expenses; necessary home accessibility adaptations; and activities to assess need, arrange for, and procure needed resources.

Section 9817 Funds- \$208,351

Section 9817 Compliance- Supplement current 1915(i) services by providing housing resources to people at risk of losing housing. Provides tools to ensure housing stability. New 1915(i) service

Provider Types- Housing Supports Provider, Community-Based Registered Nurse, In-Home Care Agency, Home Health Agency

Medicaid Eligibility Group/Authority- 1915(i)

- 5) Flexible grant funding to support people through Community Mental Health Programs (CMHPs) - In difficult and unexpected situations, people with Behavioral Health needs and their families need access to small amounts of flexible funding to prevent negative outcomes. Outcomes will be tracked to support future efforts to secure similar funding if the initiative is successful. Examples from recent years include:

- i) funding to support purchase technology for remote support and communication with families and providers. Does not include ongoing internet costs.
- ii) one-time assistance to maintain or secure housing, not including room and board
- iii) emergency relief care to provide ADL/IADL and other health or behavior-related supports when the primary caregiver/s are suddenly unavailable. Services are provided in home and community-based settings by HCBS providers

Section 9817 Funds- \$1,000,000

Section 9817 Compliance- Supplement current services by providing additional resources during emergencies.

Expansion of available community resources. Not listed in Appendix B.

Services will expand ability to respond to emergencies by providing non-covered services to help stabilize and avert negative outcomes and prevent institutionalization and support an individual's ability to remain in the community. Services will assist with coordination of available community resources or purchases that will assist the individual to remain in the community. Funding will be used to support individuals by assisting with resources that do not include room and board payments to the individual.

Medicaid Eligibility Group/Authority- 1915(i), 1905(a), 1115 Oregon Health Plan

- 6) Fund to support advocacy by self-advocates - Oregon wants to expand access to advocacy trainings, meetings, and events for people with BH and SUD needs. This funding will support creative ideas for expanding access to advocacy efforts. Payments may support:
- i) funding for local self-advocacy organizations
 - ii) support for travel costs to meetings and trainings
 - iii) marketing materials in multiple languages for self-advocacy organizations

Section 9817 Funds- \$200,000

Section 9817 Compliance- Supplement to provide resources to individuals to increase self-direction and independence Enhancement/Expansion General Fund program, no FMAP request. Supports self-direction and self-advocacy. Not listed in Appendix B. Enhances current LTSS by providing opportunities for education and support for self-advocacy. Related to better outcomes and strengthening of participant direction in Medicaid LTSS programs.

Provider Types- Funds will assist individuals to attend trainings or purchase educational materials in support of self-direction in the community. Expected providers include Centers for Independent Living (CILs) and other community-based providers specializing in self-advocacy and self-direction. Purchases may also include paid supports for individuals while attending training.

Medicaid Eligibility Group/Authority- 1915(i), 1905(a)

- 7) Provide Home Delivered Meals to individuals receiving 1915(i) Home and Community-Based Services

Section 9817 Funds- \$254,619

Section 9817 Compliance- 1915(i) expansion, new service

Provider Types- Home Delivered Meals Providers

Medicaid Eligibility Group/Authority- 1915(i)

Providers- Payments, Training and Equipment

- 1) Provide a one-time payment of \$2262 to any Personal Care Attendant who worked between 3/1/20-2/28/21. Included in Collective Bargaining Agreement.

Section 9817 Funds- \$47,605

HCBS Providers and Appendix B Services- Personal Care Attendants authorized to provide services under 1915(i) Home and Community-Based Services and 1905(a) Personal Care authority.

Section 9817 Compliance- Supplement payments to ensure provider retention during pandemic.

- 2) Enhance bargaining pot for Personal Care Attendants by \$1,001,450 (in addition to GRB levels).

Section 9817 Funds- \$1,001,450

HCBS Providers and Appendix B Services- Personal Care Attendants authorized to provide services under 1915(i) Home and Community-Based Services and 1905(a) Personal Care authority.

Section 9817 Compliance- Supplement payments with goal of provider retention.

- 3) Enhance services, benefits, and training opportunities available to Personal Care Attendants. Administered via joint trust with benefits authorized by board.

Section 9817 Funds- 730,586

HCBS Providers and Appendix B Services- Personal Care Attendants authorized to provide services under 1915(i) Home and Community-Based Services and 1905(a) Personal Care authority.

Section 9817 Compliance- Enhancement to system by providing additional training resources with goal of provider education and retention

- 4) Onetime payment of \$1000 per resident to any Adult Foster Home who served residents between 3/1/20-2/28/21. Ultimately requires bargaining.

Section 9817 Funds- \$234,430

HCBS Providers and Appendix B Services- Adult foster homes licensed to provide services under 1915(i) Home and Community-Based Services authority
Section 9817 Compliance- Supplement payments with goal of provider retention during pandemic.

- 5) Provide a temporary COVID enhancement of 5% from 7/1/21- 3/31/22 only. Adult Foster homes. Ultimately requires bargaining.

Section 9817 Funds- \$688,366

HCBS Providers and Appendix B Services- Adult foster homes licensed to provide services under 1915(i) Home and Community-Based Services authority

Section 9817 Compliance- Supplement payments with goal of provider retention during pandemic.

- 6) Enhance bargaining pot for Adult Foster Homes by \$750,821 (in addition to GRB levels).

Section 9817 Funds- \$750,821

HCBS Providers and Appendix B Services- Adult foster homes licensed to provide services under 1915(i) Home and Community-Based Services authority

Section 9817 Compliance- Supplement payments with goal of provider retention.

- 7) Grants to provide Personal Care Attendants with devices to access EVV - A 2017 federal law requires all states to implement Electronic Visit Verification (EVV) for in home workers. Lack of access to a smart device to log into EVV to record work hours may be a barrier. These funds will provide devices to PCAs who lack access so they can log into the system to record their time.

Section 9817 Funds- \$50,000

HCBS Providers and Appendix B Services- Personal Care Attendants authorized to provide services under 1915(i) Home and Community-Based Services and 1905(a) Personal Care authority.

Section 9817 Compliance- Enhancement to ensure compliance with electronic visit verification requirements

Information and Referral

- 1) Provide reliable information about Agency services to people with BH and SUD needs and their families - Oregon's BH and SUD service system is decentralized with information about our core values, available resources, and variety of services available, provided through numerous local entities. We have heard from families that this makes it difficult to find reliable, consistent information about agency services and supports. This funding will be used to create an easily accessible information resource for individuals and families. We will make the resources easily accessible and culturally and linguistically appropriate and supportive of the values of Oregon's BH and SUD system.

Section 9817 Funds- \$50,000

Section 9817 Compliance- Enhancement to provide outreach resources to the public to increase access to Home and Community-Based services

- 2) Develop resources and services for parents with BH and SUD needs - There is a growing need for resources, training and services that are specific to parents with BH and SUD needs. In partnership with Child Welfare/Oregon Youth Authority/Criminal Justice (CJ), this funding will be used to develop resources, training materials and ultimately specialized services for these parents. This will include support in adaptation of CW assessments and practices to meet needs of children and parents with BH and SUD issues. The goal will be to help parents learn skills, so they are better able to parent their child/children. Additional training will include healthy relationship training. HSD will work with Child Welfare/OYA/CJ to create cross-system support and access to these resources. Outcomes will be tracked to support future efforts to secure similar funding if the initiative is successful.

Section 9817 Funds- \$89,820

Section 9817 Compliance- Supplement to current services to provide support to parents who are receiving LTSS.

Medicaid Eligibility Group/Authority- 1915(i)

- 3) Allocate funding to develop website and marketing campaign in partnership with stakeholders to attract people to work in the BH/SUD system. Funding would be used to develop this effort to attract clinicians, nurses, mental health professionals, behavioral professionals, and SUD professionals to expand the

pool of providers in the BH/SUD system. This will be similar to the Impact Oregon website and marketing campaign developed by ODDS to attract specific professionals to work in the IDD system.

Section 9817 Funds- \$50,000

Section 9817 Compliance- Enhancement of system to recruit and retain professional level Home and Community-Based providers.

Oregon Department of Human Services, Aging and People with Disabilities (APD)

For Aging and People with Disabilities (APD), services will only be provided to those eligible for 1905(a) personal care services, 1934, 1915(c), 1915(k) HCBS services, 1915(j), or the 1115.

Infrastructure

- 1) Deploy GrandPad technologies to 250 Program of All-Inclusive Care for the Elderly (PACE) participants. The project requires that individuals have an internet connection. PACE may assist with the setup of the internet connection, but the individual will be responsible for internet costs. GrandPads is an innovative technology designed to support telehealth and access to virtual meetings by the elderly population. The GrandPad has easy to access features that create a circle of support for the elder and allows them an easy means of contact with their health care team. It is also an instrumental tool in reducing social isolation, especially for those with limited access to the internet.

Section 9817 Funds – \$151,050

Section 9817 Compliance – Expand innovative technology, called GrandPads, to additional PACE participants to support telehealth, access to virtual meetings, and to reduce social isolation.

Provider Type - PACE Organization

Medicaid Eligibility Group/Authority- 1905(a)(26) and 1934

Status: Completed

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain: The GrandPad for PACE participants is to focus on a consumer's social and community support and health care access by providing a method of increasing their ability to connect with others to meet medical and socialization needs.

Sustainability Plan: If the pilot is proven to be successful, APD will seek further state funding to support additional PACE participants to access the GrandPad technology.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

- 2) Deploy GrandPad technologies as a pilot to in-home consumers served by Aging and People with Disabilities (APD).

Section 9817 Funds – \$198,750

Section 9817 Compliance – Expand innovative technology, called GrandPads, to in-home consumers to support telehealth, access to virtual meetings, and to reduce social isolation.

Provider Type – Contracted entity selected through the state’s contracting process

Medicaid Eligibility Group/Authority: 1915(c) and 1915(k)

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details: Ongoing work is being done to identify participants.

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain: The GrandPad pilot is to focus on a consumer’s social and community support and health care access by providing a method of increasing their ability to connect with others to meet medical and socialization needs.

Sustainability Plan: If the pilot is proven to be successful, APD will seek additional state funding to move the project statewide.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

- 3) Provide funding for performance-based bonuses for PACE organizations that meet certain key performance metrics for all individuals by race/ethnicity. This change supports an increase in the percentage of the Medicaid Upper Payment Limit (MUPL) that Oregon pays PACE providers. The percentage will increase from 95% to 97.5%. It does not change the rate methodology. APD has negotiated this change with the PACE programs and added language to the contract.

Section 9817 Funds – \$993,750

Section 9817 Compliance – Strengthen PACE organizations' performance by incentivizing achievement of key performance metrics for all individuals by race/ethnicity.

Status: Completed

Promotes Equity: Yes No

If yes, explain: These funds promote equity by ensuring quality and access measures, including specific measurements and goals for service equity.

Addresses Social Determinates of Health: Yes No

If yes, explain

Sustainability Plan: The state funds will continue beyond the ARPA 9817 timeframe.

Rate Increase Amount/Percentage: A possible 2.5% increase, but still within the MUPL rate.

Waiver or SPA Changes: Yes No

If yes, details:

- 4) WORKFORCE DEVELOPMENT AND TRAINING - Investments in long term care are expected to grow with additional Congressional action, and now is the time to build a foundation for a high-quality workforce that is reflective of Oregon's

values. This would provide the resources needed to commission an independent research report to address how workforce shortages in residential settings (which are related to turnover, pay, and benefits) can be addressed in Oregon. This report would understand promising practices in the field of building good jobs in residential care and a diverse workforce. Stakeholders would be engaged in the process of developing the report, including labor partners, providers, the Long-Term Care Ombudsman, and experts in the field of workforce planning and career development strategies. Similar strategies have been used in Washington and Pennsylvania. In addition to future planning, there needs to be investments in training programs now to be able to recruit and retain the care workers.

Section 9817 Funds – \$250,000

Section 9817 Compliance – Strengthen Oregon's long term care workforce through independent research, coordinated development, and training.

Provider Types – Home and Community Based Care (HCBS) compliant settings, including Adult Foster Homes, Assisted Living Facilities, and Residential Care Facilities

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

The overrepresentation of women, populations of color, and immigrants among the long-term care workforce furthers the call for actions that will identify and address their unique needs.

Addresses Social Determinates of Health: Yes No

Supports APD's mission that Oregonian's receive equitable access to person-centered services, innovative supports and early interventions that maintain independence, promote safety, well-being, honor choice, respect cultural preferences and uphold dignity.

Sustainability Plan: APD will continue to work with interested groups and partners over the coming months on developing workforce programming priorities using research. Funding for those efforts will be secured in future legislative sessions or through successful competitive grant applications.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

- 5) WAGE & COST STUDY OF LONG TERM CARE PROVIDERS This would commission an independent research update to this 2015 study done by RTI, Wages, Fringe Benefits, and Turnover for Direct Care Workers Working for Long Term Care Providers in Oregon. This study would go a step further and provide recommendations for what it would look like to create a pathway to prevailing wage-like structures for the long-term care industry. This study is nearly 7 years old, and, in that time, the industry has grown significantly. It is important to have a more updated sense of the industry in preparation for continued growth.

Section 9817 Funds – \$150,000

Section 9817 Compliance – Strengthen Oregon's long term care workforce through independent research and the development of more structured wages and benefits.

Provider Types – Adult Foster Homes, Assisted Living Facilities, and Residential Care Facilities

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

Due to the overrepresentation of women, populations of color, and immigrants among the long-term care workforce, this Wage and Cost Survey will provide a summary of average compensation paid to direct care workers, as well as where possible, details on base pay, Benefits, and Skill Programs.

Addresses Social Determinates of Health: Yes No

Supports APD's mission that Oregonian's receive quality, person-centered services, innovative supports, and early interventions that maintain independence, promote safety, well-being, honor choice, respect cultural preferences and uphold dignity.

Sustainability Plan: None, as it is a one-time report.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

- 6) Workforce Recruitment: A national website, connecttocarejobs.org, has been established to provide matching between HCBS long term care facilities and applicants. This has been live in Oregon but has not taken off due to a lack of a focused effort on making this successful. APD proposes hiring one Limited Duration Public Affairs Specialist 3 and a \$100K marketing budget to promote usage of Connecttocare as a recruitment tool for long term care facilities and address the acute workforce shortage. The website, a special project by Advancing States, recruits for all settings. APD will use these funds for non-institutional, community-based settings.

Section 9817 Funds – \$168,012

Section 9817 Compliance – Strengthen Oregon's ability to address the acute workforce shortage by recruiting applicants for long term care facilities through a national website.

Provider Types – HCBS compliant programs, including Adult Foster Homes, Assisted Living Facilities, and Residential Care Facilities

Status: On Time Delayed Cancelled

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain:

Sustainability Plan: Not yet identified. ODHS will need to request approval from the legislature for a permanent position in the 2023 session.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

- 7) Provide grant funding up to \$25,000 to congregate meal sites to help modernize infrastructure. These congregate meals sites meet HCBS requirements since they are open to all older adults, regardless of payer, and individuals have the choice to attend, or not attend, any of the available sites in Oregon. (Estimated 125 sites)
Section 9817 Funds – \$3,125,000
Section 9817 Compliance – Enhance the infrastructure of existing congregate meal sites through modernization.

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain – APD has done specific outreach to tribes and is making materials available in multiple languages. APD is ensuring notice of the RFP gets to underserved communities. APD also made the application process very simple so that even those who have not applied for many grants in the past are able to apply easily and quickly.

Addresses Social Determinates of Health: Yes No

If yes, explain – Quality nutrition is a core component of SDOH. These grants will help address access and quality.

Sustainability Plan: None, as these are one-time, infrastructure grants.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

- 8) Long term care capital improvement fund - COVID-19 and natural disasters require improvements and building infrastructure and capacity, but these upgrades are unaffordable for many providers, especially those with older buildings in rural communities where senior populations are estimated to rise the

most in Oregon. A program dedicated to capital updates for HCBS compliant programs will keep residents and workers safe and create good-paying jobs, including:

- HVAC and air quality systems
- Backup power sources
- Room reconfiguration to improve infection prevention
- Upgrading fire suppression systems
- Virtual visit tech

Section 9817 Funds – \$16,000,000

Section 9817 Compliance – Enhance long term care provider buildings through a capital improvement fund dedicated to upgrades to better handle health crises and natural disasters.

Provider Types – For HCBS compliant settings, including Assisted Living Facilities, Memory Care, and Residential Care Facilities

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain: The program was set up in phases to ensure that projects in facilities with a high Medicaid census would be prioritized over other facilities, enhancing the physical environment of those who are most at risk and potentially vulnerable.

Addresses Social Determinates of Health: Yes No

If yes, explain: By providing funding for facilities to increase a resident’s ability to access virtual and telehealth services, more residents will receive timely health care from providers and be able to engage with family and friends, reducing isolation.

Sustainability Plan: This is a one-time funded program, but the approved projects will last for years.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

- 9) Online infection prevention and control staff training curriculum for CBCs - Develop high quality, evidence-based infection prevention and control training curriculum accessible to long term care facility staff at no cost to assure staff competency in infection prevention and control practices. This investment would fulfill the requirement for Oregon Department of Human Services (ODHS) to make available online pre-service staff training required by HB 2600 (2019). It would also support advanced training curriculum for the facility-designated infection control point person. This position and specialized training are mandated requirements in HB 2600.

Section 9817 Funds – \$250,000

Section 9817 Compliance – Strengthen CBC staff knowledge of infection prevention and control.

Provider Types – HCBS compliant programs, including Adult Foster Homes, Assisted Living Facilities, and Residential Care Facilities

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain:

Sustainability Plan: N/A as curriculum

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

10) Provide startup costs not to exceed \$100,000 to develop more adult day centers in Oregon. Maximum of ten new centers.

Section 9817 Funds – \$1,000,000

Section 9817 Compliance – Expand the number of adult day centers in Oregon to serve more individuals. The payments will not be for direct services, therefore no FMAP is requested.

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details: APD is working with contracting staff to finalize the RFA. Solicitation has been prepared for Oregon DOJ approval as required by state statute. The number of contract requests this biennium is delaying the timeliness of the project.

Promotes Equity: Yes No

If yes, explain: Although APD plans to consider any response, the Request for Proposal will encourage applicants to apply if they are interested in focusing on underserved populations. Additional outreach is planned to reach organizations that serve minority individuals and those serving rural and frontier communities.

Addresses Social Determinates of Health: Yes No

If yes, explain: Expanding the number of Adult Day Centers will increase opportunities for individuals to improve their overall health and wellbeing by participating in therapeutic activities and to give opportunities for social engagement.

Sustainability Plan: These are one-time payments to expand the number of Adult Day Centers accepting Medicaid consumers.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

11) Allocate funding for senior centers to modernize and improve transportation availability. (Limit \$50K per senior center). Approx. 175 senior centers in Oregon.

Section 9817 Funds – \$8,750,000

Section 9817 Compliance – Expand transportation for seniors in Oregon. The payments will not be for direct services, therefore no FMAP is requested.

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain: APD has done specific outreach to tribes and is making materials available in multiple languages

Addresses Social Determinates of Health: Yes No

If yes, explain: APD is ensuring notice of the RFP gets to underserved communities. APD also made the application process very simple so that even those who have not applied for many grants in the past are able to apply easily and quickly.

Sustainability Plan: None, as these are one-time, infrastructure grants.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

12) Allocate \$3M to establish an innovation fund to improve the Long-Term Services and Supports system. Reserve \$2M on efforts to promote service equity and cultural competence in the long-term care system. The state will use the 9817 funds for HCBS compliant programs only.

Section 9817 Funds – \$3,000,000

Section 9817 Compliance – Enhance and strengthen the Long-Term Services and Supports system through innovation and promoting service equity and

culture competence. The payments will not be for direct services, therefore no FMAP is requested.

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain: The Innovation Fund is prioritizing the allocation of \$2 million towards service equity-related projects. In addition, applications from culturally responsive organizations are strongly encouraged.

Addresses Social Determinates of Health: Yes No

If yes, explain:

1. Community based organizations serving Aging and People with Disabilities consumers are encouraged to apply for funding that expands the reach, quality, and efficiency of the services they provide to their community.
2. Funding will support the economic stability of funded organizations through the provision of funds for culturally responsive and innovative strategies, programs, and approaches.
3. Funded strategies may include training and education, as well as community engagement strategies.
4. Funded strategies may include the provision for culturally responsive nutritional and meal programs.
5. Funded strategies may include collaboration and partnership with local and regional health systems to improve access to care.

Sustainability Plan: Request for grant proposal (RFGP) applicants will submit their sustainability plans as part of their RFGP application.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

13) Allocate funding for a contractor to coordinate a statewide case management conference. The funding would be used to develop and deliver training for case managers who serve Medicaid HCBS consumers.

Section 9817 Funds – \$75,000

Section 9817 Compliance – Strengthen the knowledge and assessment skills of case management staff statewide.

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain: Yes, sections are identified.

Addresses Social Determinates of Health: Yes No

If yes, explain: In process to include.

Sustainability Plan: If successful, and continued funding is provided, then yes, it will be sustainable.

Rate Increase Amount/Percentage: Brand new program – no fee charged to participants.

Waiver or SPA Changes: Yes No

If yes, details:

14) Fund development efforts to convert in-person case manager training to online virtual training to support Medicaid case managers.

Section 9817 Funds – \$250,000

Section 9817 Compliance – Enhance the ability for case managers to receive timely and accessible training.

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain: In process, all sessions promote equity, including the platform for the module development

Addresses Social Determinates of Health: Yes No

If yes, explain: Content included in various modules specifically addresses social determinants of health

Sustainability Plan: Yes. Recorded modules will be editable and maintained long-term by the training unit.

Rate Increase Amount/Percentage: New program/funding

Waiver or SPA Changes: Yes No

If yes, details:

- 15) Allocate \$500K to support training development and delivery for Long Term Services and Supports (LTSS) providers on service equity.

Section 9817 Funds – \$250,000

Section 9817 Compliance – Enhance and strengthen LTSS providers understanding and knowledge of service equity.

Provider Types – HCBS compliant programs, including Adult Foster Homes, Assisted Living Facilities, and Residential Care Facilities

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain: Funding is earmarked for accountable, efficient, and sustainable efforts that support and advance the penetration of Diversity, Equity, and Inclusion efforts among Oregon’s LTC provider networks. A multi-step approach is being explored that includes Diversity, Equity, and Inclusion (DEI) strategic planning and establishment of communities of practice. The ultimate goal of this

funding is to cultivate and strengthen equity and consumer experiences of quality culturally and linguistically relevant services among health service providers.

Addresses Social Determinates of Health: Yes No

If yes, explain:

1. Funded strategies will focus on DEI strategic planning and training of health care providers.
2. Funding will support the cultivation of stronger equity and quality culturally and linguistically relevant services among LTSS providers.

Sustainability Plan: Funding will be awarded contingent on submission of applicant sustainability plan.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

- 16) Establish a \$20M performance based contracting fund to incentivize Assisted Living/ Residential Care/ Memory Care Facilities to achieve quality/ staffing/ compensation benchmarks jointly established via stakeholder process.
Section 9817 Funds – \$4,750,000
Section 9817 Compliance – Strengthen ALF, RCF, and Memory Care Facilities through the achievement of quality/staffing/compensation benchmarks.
Provider Types – HCBS compliant programs, including Assisted Living Facilities, Residential Care Facilities, and Memory Care Facilities

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain: Caregivers are dominated by females of color, who historically represent the lowest income category.

Addresses Social Determinates of Health: Yes No

If yes, explain:

Sustainability Plan: Not identified quite yet.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details: SPA change approved by CMS.

- 17) Establish a \$2.5M performance based contracting fund for Area Agencies on Aging (AAAs) that meet certain metrics in terms of quality/ quantity/ workforce diversity.

Section 9817 Funds – \$1,250,000

Section 9817 Compliance – Strengthen AAAs through the achievement of metrics tied to quality/quantity/workforce diversity.

Provider Types – Contracted Area Agencies on Aging that perform case management for Medicaid HCBS consumers.

Status: Completed

Promotes Equity: Yes No

If yes, explain: Includes contractual equity deliverables (complete and in current contracts), as well as a bonus for tracking and developing plans to meet equity demographic standards for consumers served and for staff employed at AAAs.

Addresses Social Determinates of Health: Yes No

If yes, explain: Helps to ensure we are serving typically underserved populations and populations with the most need.

Sustainability Plan: This bonus funding is available to help boost the service equity for the 2021-23 contract cycle only.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

Consumer Benefit

1) On a daily basis, ODHS encounters unique situations with the consumers we serve. They often face barriers in life that we are unable to address due to regulatory limitations. Aging and People with Disabilities (APD) proposes establishing a pot of \$2M to address unique needs that keep individuals out of crisis. APD will track expenditures and be able to report on usage to monitor need and effectiveness. The state will not pay for room and board payments using Medicaid match. The funding will address housing related needs that are not covered under the 1915(k) state plan amendment or the 1915(c) waiver. Examples of such expenditures include repairing well pumps, repairing a furnace, and assisting in transportation back to Oregon when a consumer needs assistance in returning to Oregon from another state. These expenditures enhance HCBS by ensuring individuals can continue to live in their own home and be integrated fully in their community.

Section 9817 Funds – \$2,000,000

Section 9817 Compliance – Enhance APD's ability to address unique situations to keep consumers out of crisis. Not listed in Appendix B. Services are not available under Appendix B. No FMAP request.

Provider Type - Contractors selected through the state's contracting process.

Status: Completed

Promotes Equity: Yes No

If yes, explain: APD envisions this program to support populations that have minimal or no resources to receive critical support when experiencing a crisis.

Addresses Social Determinates of Health: Yes No

If yes, explain: Addresses housing related needs for safety and stability.

Sustainability Plan: This is a new program option for Oregon. If proven successful, additional state funding will be requested for ongoing support.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

2) Provide funding to pursue an 1115 demonstration waiver to support family caregivers.

Section 9817 Funds – \$2,500,000

Section 9817 Compliance – Expand support available to family caregivers.

Allowable in Appendix B under Section 1115, yet a new service as of 07/01/2022 with CMS approval.

Provider Type - Medicaid enrolled in home providers and contracted entities selected through the state’s contracting process.

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details: APD is continuing to work with CMS to receive approval for the 1115 demonstration waiver.

Promotes Equity: Yes No

If yes, explain: The 1115 demonstration waiver will allow individuals not eligible for current Medicaid long-term services and supports to maintain their independence in-home.

Addresses Social Determinates of Health: Yes No

If yes, explain: Statewide, works to ensure access to in-home services for independence and well-being.

Sustainability Plan: Through a foundation of federal and state funds, will save both federal and state funds in the future by assisting individuals to remain independent so they can delay or avoid entry into Medicaid services.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details: APD has an 1115 demonstration waiver application into CMS and is currently in discussions with CMS.

Medicaid Eligibility Group/Authority- 1115

- 3) In-home consumers are currently allowed to keep up to \$1,294 per month. Any income above that amount must be contributed towards the cost of services. APD proposes eliminating the client contribution for in-home consumers completely.

Section 9817 Funds – \$1,187,500

Section 9817 Compliance – Expand access to services through the elimination of a financial concern.

Medicaid Eligibility Group/Authority- 1915(c), 1905(a)(26), 1934, and 1915(j)

Status: Completed

Promotes Equity: Yes No

If yes, explain: The elimination of the client contribution for in-home consumers increases the ability to afford housing in order to remain in their own home.

Addresses Social Determinates of Health: Yes No

If yes, explain: This decision increases economic stability of consumers, allowing them to utilize their income to meet other critical needs. For individuals that were paying a smaller client contribution in order to reduce costs, resulting in reduced service needs being met, it will result in the development of service plans that can adequately meet care needs.

Sustainability Plan: APD plans to keep this policy decision by building it within future anticipated budgetary expenditures as approved by State legislatures.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details: 1915(c) approved change by CMS.

- 4) Expand successful Money Management Program to serve more individuals. Individuals living in their own home or community-based care often struggle with managing their funds. This endangers their housing, electricity, and access to food. For those in community settings, it can jeopardize their service

and living setting. These services ensure that individuals can remain as independent as possible and strengthen HCBS by ensuring individuals housing and placements are secured. The Money Management Program will be available for Medicaid eligible individuals served through the State Plan Personal Care, HCBS State Plan authorities and waiver, as well as pre-Medicaid eligible individuals to prevent the possibility of them being institutionalized due to the loss of housing because of poor or no money management.

Section 9817 Funds – \$1,000,000

Section 9817 Compliance – Expand the number of individuals served through the already successful Money Management Program. Supplements services by providing additional resources for money management services. Makes funding available to individuals who may need assistance with money management but do not have the need for more intensive LTSS. Available as a State plan service and allowable under Appendix B, but not available to individuals who do not meet service criteria for LTSS or Personal Care programs. Expands current services by making available to individuals with need for money management and will delay need for higher level LTSS.

Provider Type - State contracted money management providers approved by the Social Security Administration.

Medicaid Eligibility Group/Authority- 1905(a) and 1915(c)

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain: Some individuals who are not able to financially manage their income will have greater abilities to maintain or access housing with this program.

Addresses Social Determinates of Health: Yes No

If yes, explain: This program will improve the health outcomes of individuals that may not have adequate housing due to not being able to manage their income. This program also enhances economic stability overall and allows for easier social and community engagement.

Sustainability Plan: Will be built into APD's ongoing budget.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

5) Seniors and people with disabilities are at a disproportionately high risk of being lonely and socially isolated. In Oregon, according to the two 2016-2017 National Core Indicator Aging and People with disabilities survey between 34-43% of individuals receiving Medicaid live alone. Of all in home consumers 6%-14% report the “feel isolated from friends/family or feel lonely.” This investment would purchase up to 3 additional hours a week for services determined by conducting the UCLA Loneliness Scale and individuals scoring 6-9 would be eligible for the 3 additional hours a week. The department projects initial need of 14% of in-home population or 2650 individuals. 3 hours a week of service @ \$17.00 an hour = \$51.00 a week X’s 52 weeks a year = \$2652 per person per year X’s 2650 eligible individuals = \$7M per year or \$14M a biennium ongoing.

Section 9817 Funds – \$3,190,621

Section 9817 Compliance – Enhance the number of service hours for consumers determined (see concept) to be lonely and/or socially isolated. Not listed in Appendix B.

Provider Type - Contracted entities and Home Care Workers.

Medicaid Eligibility Group/Authority- 1915(k)

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details: APD is continuing to evaluate additional processes that will be needed to implement this program.

Promotes Equity: Yes No

If yes, explain

Addresses Social Determinates of Health: Yes No

If yes, explain: This program will allow consumers additional opportunities for social engagement and community involvement with activities the consumer is interested in pursuing.

Sustainability Plan: If the developed model is proven successful, ongoing state legislative funding will be requested.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

6) A Deaf/Blind individual may have the skills to be independent in their own home environment, making them ineligible for supports in current definitions. However, when they are outside of their home, they may need additional support due to the complexities and hazards of the world outside of their home and to access critical services. APD would amend current OAR to allow Deaf/Blind individuals who qualify for Medicaid to receive State Plan Personal Care (SPPC) services. The number of individuals eligible possible eligible for this service is difficult to determine. There are approximately 794 individuals who self-identify as deaf blind according to the US Census. We have no way to estimate how many of them would be eligible for Medicaid. If all 794 individuals qualify for services, the annual total fund costs are approximately \$3.6 million or \$1.3 GF. It is likely only a portion of individuals would qualify.
Section 9817 Funds – \$1,431,000
Section 9817 Compliance – Expand State Plan Personal Care (SPPC) services to individuals who are Deaf/Blind.
Provider Type - Contractors selected through the state’s contracting process, Home Care Workers, and In-home care agencies
Medicaid Eligibility Group/Authority- Medicaid State Plan 1905(a)

Status: Completed

Promotes Equity: Yes No

If yes, explain: By expanding SPPC eligibility to outside the home, Deaf/Blind individuals with limited resources will be able to access services from SPPC.

Addresses Social Determinates of Health: Yes No

If yes, explain: Deaf/Blind individuals within this program will have greater access to healthcare and overall community engagement.

Sustainability Plan: APD plans to keep this policy decision by building it within future anticipated budgetary expenditures as approved by State legislatures.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details: Medicaid State Plan change

7) Housing for individuals receiving APD services continues to be a barrier to helping individuals transition from more expensive care to homes of their own. While APD cannot pay rent or subsidize direct housing, APD can provide supports to individuals who need assistance in finding and maintaining housing. APD would provide the following services to individuals transitioning to or living in the community: Conduct a housing assessment identifying individual's preferences related to housing and needs for support to maintain housing, budgeting for housing/living expenses, accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy. Assist individual to view and acquire housing, secure supporting documents, completing/submitting applications, securing deposits, locate furnishings. Develop an individualized housing support plan based upon the housing assessment. Participate in the development of the plan of care, incorporating elements of the housing support plan. Communicate with the landlord or property manager regarding the individual's disability, accommodations needed, and components of emergency procedures involving the property manager.

Section 9817 Funds – \$542,560

Section 9817 Compliance – Enhance the offering of services for consumers wanting to transition from an acute care hospital or licensed care setting to an in-home setting. Allowable in Appendix B under Section 1915(c), yet a new service as of 01/01/2022 with CMS approval.

Provider Type - Housing Navigators employed by AAAs, willing Tribes, and APD local offices

Medicaid Eligibility Group/Authority- 1915(c) and 1915(b)(4)

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain: Provides an opportunity for individuals facing barriers with housing to receive help finding and maintain housing.

Addresses Social Determinates of Health: Yes No

If yes, explain: Allows individuals to obtain and maintain housing, promoting their independence.

Sustainability Plan: An approved service under the 1915(c) waiver.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details: Housing Support Services added under 1915(c) and 1915(b)(4)

Waivers

Worker Benefit

1) Provide a one-time payment of \$500 to any Home Care Worker who worked between 3/1/2020-2/28/2021. Ultimately requires bargaining.

Section 9817 Funds – \$2,562,744

Section 9817 Compliance – Enhance payment to Home Care Workers who worked during the COVID-19 pandemic.

Provider Type - Home Care Workers

Status: Completed

Promotes Equity: Yes No

If yes, explain

Addresses Social Determinates of Health: Yes No

If yes, explain

Sustainability Plan: This is a one-time payment.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

2) Enhance bargaining pot for Home Care Workers by \$7.5M (in addition to GRB levels).

Section 9817 Funds – \$7,500,000

Section 9817 Compliance – Enhance the bargaining pot to secure and sustain Home Care Workers.

Provider Type - Home Care Workers

Status: Completed

Promotes Equity: Yes No

If yes, explain

Addresses Social Determinates of Health: Yes No

If yes, explain: The enhancement to the bargaining pot allowed Oregon to provide competitive wages to Home Care Workers to help address workforce shortage concerns.

Sustainability Plan: This is a one-time enhancement for the bargaining pot.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

3) Provide seed funding toward a new healthcare trust for long term care workers. The intent is to create a self-insured healthcare plan that would provide better quality care for workers. Workers in the long-term care industry are often ineligible for the Oregon Health Plan because their income is slightly too high, but the wages are too low for them to afford their employer-sponsored healthcare plans. Providing this initial seed money would encourage employer-employee partnerships to jointly find ways to incentivize quality and

workforce retention. The self-insured model will only cover Community Based Care Facilities.

Section 9817 Funds – \$10,000,000

Section 9817 Compliance – Enhance quality healthcare for workers in the long-term care industry.

Provider Type - Adult Foster Homes, Residential Care Facilities, and Assisted Living Facilities

Status: Completed

Promotes Equity: Yes No

If yes, explain: Ensures access to health care coverage for low wage workers who do not qualify for Oregon Health Plan due to income.

Addresses Social Determinates of Health: Yes No

If yes, explain: Ensures access to health care coverage for low wage workers who do not qualify for Oregon Health Plan due to income.

Sustainability Plan: The Oregon legislature allocated \$30M of general revenue over the biennium for the Oregon Essential Workforce Health Care Program. The Oregon General Assembly will continue to evaluate its appropriations to the Program each biennium. Long term care facilities are expected to maintain their existing contributions to employer-sponsored insurance (ESI) similar to “maintenance of effort” requirements under various CMS initiatives. The Oregon Essential Workforce Health Care Program supplemental payments are expected to supplement funding for ESI, not supplant current facility ESI expenditures.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

4) Enhance services, benefits, and training opportunities available to Home Care Workers. Administered via joint trust with benefits authorized by board.

Section 9817 Funds – \$6,303,000

Section 9817 Compliance – Enhance services, benefits, and training opportunities for Home Care Workers.

Provider Type - Home Care Workers

Status: Completed

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain: Provides additional supports for entry level workers and improves outcomes for individuals receiving in home support from home care workers.

Sustainability Plan: Part of APD's ongoing budget.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

Provider Benefit

1) One-time payment of \$1000 per resident to any Adult Foster Home who served residents between 3/1/2020-2/28/2021. Ultimately requires bargaining.

Section 9817 Funds – \$3,059,788

Section 9817 Compliance – Enhance payment to Adult Foster Homes who served residents during the COVID-19 pandemic.

Provider Type - Adult Foster Homes

Status: Completed

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain:

Sustainability Plan: This is a one-time payment.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

- 2) Provide a temporary COVID enhancement of 5% from 7/1/2021- 3/31/2022 only. Adult Foster homes. Ultimately requires bargaining.
Section 9817 Funds – \$855,104
Section 9817 Compliance – Enhance payment to Adult Foster Homes continuing to operate during the COVID-19 pandemic.
Provider Type - Adult Foster Homes

Status: Completed

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain: Additional payments for Adult Foster Homes allow for competitive wages for employees, support homes to remain open during the COVID-19 pandemic, and encourage new individuals to become Adult Foster Home owners to help address medical and personal care concerns for individuals in need.

Sustainability Plan: This is a one-time payment enhancement for Adult Foster Homes.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

3) Enhance bargaining pot for Adult Foster Homes by \$5M (in addition to GRB levels).

Section 9817 Funds – \$5,000,000

Section 9817 Compliance – Enhance Adult Foster Home bargaining for retention.

Provider Type - Adult Foster Homes

Status: Completed

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain: Enhancing the bargaining pot for Adult Foster Homes allows for competitive wages for employees, supports homes to remain open during the COVID-19 pandemic, and encourages new individuals to become Adult Foster Home owners to help address medical and personal care concerns for individuals in need.

Sustainability Plan: This bargaining pot enhancement is one-time only. Higher payments resulting from this enhancement will be incorporated into APD's budget as approved by the State legislature.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

4) Provide a 5% COVID differential to Assisted Living, Residential Care, Memory Care, In-Home Agencies effective 7/1/2021-6/30/2023 only.

Section 9817 Funds – \$15,222,527

Section 9817 Compliance – Enhance payment to ALFs, RCFs, Memory Care, and In-Home Agencies continuing to operate during the COVID-19 pandemic.

Provider Types – Assisted Living Facilities, Memory Care, Residential Care Facilities, and In-Home Care Agencies

Status: On Time Delayed Cancelled

If delayed or cancelled, provide details:

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain: Additional payments for these provider types were needed to help address workforce shortages concerns and increased costs specifically related to COVID-19, which in turn allowed them to provide higher quality care for individuals in need.

Sustainability Plan: This is a one-time payment enhancement for the identified providers for the time frame indicated.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

5) Provide a 5% rate increase to Assisted Living, Residential Care, Memory Care, In-Home Agencies effective 7/1/2021 and 7/1/2022.

Section 9817 Funds – \$31,828,174

Section 9817 Compliance – Enhance payment to ALFs, RCFs, Memory Care, and In-Home Agencies.

Provider Types – Assisted Living Facilities, Memory Care, Residential Care Facilities, and In-Home Care Agencies

Status: Completed

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain: Additional payments for these provider types were needed to help address workforce shortages concerns. The increased rates allowed the identified providers to offer competitive wages.

Sustainability Plan: This is a one-time payment enhancement for the identified providers for the time frame indicated. Any ongoing funding approvals are approved by the State legislators.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

6) Provide a \$500 per participant fee to Adult Day Service providers to help with restart of programs. Estimated 300 consumers.

Section 9817 Funds – \$150,000

Section 9817 Compliance – Enhance Adult Day Service providers ability to restart their programs and serve consumers.

Provider Types – Medicaid Enrolled Adult Day Service providers

Status: Completed

Promotes Equity: Yes No

If yes, explain:

Addresses Social Determinates of Health: Yes No

If yes, explain: Adult Day Service providers were not able to fully operate for the majority of the Covid-19 pandemic. The additional funding to restart their programs was needed to better support the health outcomes of individuals accessing these services.

Sustainability Plan: This is a one-time payment only.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

7) In order to implement this list, APD conservatively estimates a need for 2 Principle Executive Manager D Level (PEM Ds), four Operation and Policy Analyst 3 (OPA3s), three Training and Development Specialist 2 (TDS2s), two

Training and Development Specialist 1 (TDS1s), one Executive Support Specialist 2 (ESS2) and one Office Specialist 2 (OS2).

Section 9817 Funds – \$1,312,901

Section 9817 Compliance – Expand the number of staff to adequately oversee identified enhancements, expansions, and strengthening under section 9817(b) of the ARP.

Status: Completed

Promotes Equity: Yes No

If yes, explain

Addresses Social Determinates of Health: Yes No

If yes, explain

Sustainability Plan: Work needing permanent staff will be funded.

Rate Increase Amount/Percentage:

Waiver or SPA Changes: Yes No

If yes, details:

Oregon Department of Human Services
Office of Developmental Disabilities Services (ODDS)

ODDS ARPA initiatives will impact or be directed to enhance, expand, or strengthen HCBS services and supports for individuals eligible for and enrolled with ODDS and receiving services through 1915(c) and 1915(k) authorities.

Infrastructure:

1. Capacity Restoration and Expansion Grants - COVID-19 has had an extremely negative impact on capacity for all services in the Intellectual/Developmental Disability system. Prior to COVID, there were areas of the state that needed additional provider capacity which was made worse by the pandemic. Options proposed for these grants include:

1) start-up/rebuilding funding for Employment/Day Support Activity providers
2) start-up funding, training and technical assistance for culturally and linguistically specific providers for all services

3) enhancing and growing all services for individuals with the highest support needs

4) focused funding to expand capacity in rural areas

5) start-up funding for all types of provider agencies

Funding will be based on an expectation of supporting appropriate wages and benefits for Direct Support Staff.

Section 9817 Funds \$10,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program by rebuilding Home and Community Based Services provider network capacity form the impacts of COVID-19 pandemic by rebuilding Home and Community Based Services provider network capacity form the impacts of COVID-19 pandemic.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

2. Diversity, Equity, and Inclusion Grants & Initiatives - These grants will be made available to entities to support Office of Developmental Disabilities Services' initiatives to address racism, bias, and disparity for people with Intellectual/Developmental Disability. Preference will be given to grants that include agencies that may not otherwise be connected to Intellectual/Developmental Disability services. Examples of projects include:
- 1) implementation of community focused diversity and equity training
 - 2) planning and implementation of community outreach events
 - 3) training and technical assistance for providers to support LGBTQIA+
 - 4) support for expanding existing community activities to fully include people with Intellectual/Developmental Disabilities
 - 5) Tribal relations

Section 9817 Funds \$3,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance and strengthen Home and Community Based Services under the Oregon Medicaid Program by promoting service equity withing Home and Community Based Services, increasing inclusion of diverse populations and increasing cultural agility of the service delivery system.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

3. Emergency Response grants - The past few years have demonstrated that Oregon's Intellectual/Developmental Disability system must enhance and invest in the resources needed to ensure everyone is ready in the event of another (likely) emergency. We want to support readiness and preparedness for everyone in our system, regardless of what setting they are in. This funding will be made available to all partners and providers to assist with preparation for a future emergency.

Funding may be used to:

1) purchase generators for residential homes (Residential homes are covered under 1915 K authority) or family homes where continuous access to power is necessary for ventilators and other critical medical equipment

2) provide emergency kits for people in services

3) foster connections between Intellectual/Developmental Disability providers and local Emergency Response units:

4) training in multiple languages for people with an Intellectual/Developmental Disability and families on emergency preparedness

Section 9817 Funds \$4,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program by strengthening Home and Community Based Services service delivery capacity to respond to emergencies and address the needs of the individuals' receiving services in emergency situations.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living

Supports Agency Provider, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Supported Living Agency Provider.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915 (k) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(k) authority.

4. Office of Developmental Disabilities Services/Case Management Entity Grant Infrastructure - Ensuring the efficient and appropriate distribution of these grant funds will require additional resources and infrastructure in Office of Developmental Disabilities Services and Case Management Entities. This funding will be used for positions in Office of Developmental Disabilities Services to manage and implement the ARPA grants. We will also provide Case Management Entities limited position funding to support their work in carrying out these grants. The need for training for Case Management Entities, providers and others is included throughout this ARPA list. Someone to provide and develop a change management approach is also needed. To fully engage with Case Management Entities and providers, to capture the face-to-face learners, we also need training staff to develop and/or conduct trainings. 2021-2023 brings a great deal of change for our system and having training staff and a change management staff during this time will reduce the angst and confusion in the field.

Section 9817 Funds \$2,123,360 increased to \$4,123,360

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program through investment into Oregon case management service delivery infrastructure.

Provider Types: Waiver Case Management Providers

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) authority.

5. Impact Oregon Enhancement - Office of Developmental Disabilities Services developed the Impact Oregon website and associated marketing campaign in partnership with stakeholders to attract staff to work in the Intellectual/Developmental Disability field. Funding will be used to enhance this effort overall and to market specifically to attract clinicians - nurses, mental health professionals and behavioral professionals to the Intellectual/Developmental Disability field. We expect this will require a specialized marketing approach, requiring additional funding and profession specific messaging.

Section 9817 Funds \$500,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program by strengthening workforce and capacity development efforts.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k).

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

6. Maintenance and updates Provider Homes and Adult Foster Homes. This project includes capital investment activities and will not use federal financial participation. This project does not include internet connectivity costs. - Group home agencies and Adult Foster Homes provide housing to individuals with Intellectual/Developmental Disability as part of the overall service. Because these homes are owned by the provider, they do not qualify for Medicaid funding for capital improvements and accessibility modifications. ODDS proposes using this funding to offer grants to group home agencies and Adult Foster Homes to make significant repairs and improve accessibility for the homes they own to improve the lives of people with Intellectual and Developmental Disabilities living in the home and those who may live in the home in the future.

Proposed grants will expand, enhance, or strengthen HCBS by supporting providers to improve overall quality and accessibility of homes and increasing the capacity of these providers and of available HCBS settings to be “placement ready” for individuals with accessibility needs without waiting for extended period of time for modifications to be completed. These grants will enhance HCBS compliant capacity within the system to accept placements that require adaptations more quickly, while meeting the needs of the individuals.

Additionally, providers will be able to update their homes and existing modification for individuals currently residing in the home where such updates are needed, or where better technology became available, and add new modifications where they can increase independence and/or replace need for human assistance to ease the pressures of the workforce crisis. These improvements and adaptations will help ensure homes are fully compliant with HCBS setting requirements to improve the lives of people with I/DD living in the homes and those who may live in the homes in the future.

This project will impact up to 2,332 homes.

Section 9817 Funds \$15,300,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance and strengthen Home and Community Based Services under the Oregon Medicaid Program by providing Home and Community Based Services service setting enhancements.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Children’s Developmental Disability Foster Care, Children’s Developmental Disability Host Homes, Community Living

Supports Agency Provider, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Supported Living Agency Provider.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915 (k) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(k) authority.

7. Community Integration Project (CIP) Homes This project includes capital investment activities and will not use federal financial participation. This project does not include internet connectivity costs. - The Community Integration Project was initiated with the closure of the Fairview Training Center over 20 years ago. The state provided funding to Housing Authorities to develop homes for use by Intellectual/Developmental Disability provider agencies for people transitioning out of Fairview. The homes were covered by bonds and while under bond, Office of Developmental Disabilities Services funded all maintenance and repairs for the homes. At this point, the bonds are being paid off. Office of Developmental Disabilities Services will use this funding to assess the long-term maintenance needs of Community Integration Project homes under bond and those no longer under the bond and use funding to perform that maintenance. If a Housing Authority accepts this funding, we will expect they agree to continue to let people with Intellectual/Developmental Disability live in the home for another 10 years past the end of the bond.

This project will impact 194 homes.

Types maintenance will focus on ensuring the health and safety of the individuals residing in the homes and accessibility of the homes, and would include:

- o Interior and exterior structures (walls, floors, doors, windows, roof, etc.)
- o Utility systems (fire sprinklers, plumbing, electrical, heating and a/c, lighting, etc.)
- o Fence repairs
- Estimate \$5,000 per year per home, some homes may have more maintenance needs than others.

This effort will have benefits to individuals with I/DD receiving HCBS services while residing in the Community Integration Project homes by substantially improving their quality of life and living conditions, ensuring that individuals are able to stay in the homes because updates and repairs are completed timely and homes are fully accessible and meeting the needs of the residents.

Section 9817 Funds \$2,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to strengthen Home and Community Based Services under the Oregon Medicaid Program by providing Home and Community Based Services service setting enhancements.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Children’s Developmental Disability Foster Care, Children’s Developmental Disability Host Homes, Community Living Supports Agency Provider, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Supported Living Agency Provider.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915 (k) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(k) authority.

8. Infrastructure funding for contracted case management entities - This funding will help develop infrastructure at the local level by providing resources specifically for the 45 contracted case management entities. This funding will be used to encourage and incentivize contracted case management entities to engage in local initiatives that align with goals to improve, increase, and expand access to Intellectual/Developmental Disability services. Examples may include:
- 1) initiatives to increase partnerships with local tribes
 - 2) Adding a specific capacity building position for employment and/or foster care within the Case Management Entity
 - 3) funding small grant projects with community organizations not currently engaged in supporting people with Intellectual/Developmental Disability and their families

Section 9817 Funds \$2,500,000 decreased to \$2,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program through community engagement and inclusion efforts and building local partnerships and networks to promote participation from diverse communities.

Provider Types: Waiver Case Management Providers

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) authority.

9. Increase Licensing Staff with Limited duration staff during 2021-2023 – ODDS is proposing to delete this item.

10. Blueprint Funding - Office of Developmental Disabilities Services has engaged in a large project intended to reshape and enhance case management services in Oregon. We've heard from over 1,000 individuals and families that our current system is confusing and difficult to navigate. The Blueprint report has gone out for public comment, and we are expanding avenues for input to allow for input from individuals and families. We have extended the timeline for submission of the final report to late 2021. This funding will be used to fund implementation of recommendations from the Blueprint.

Section 9817 Funds \$5,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program through improvements to the case management service delivery system.

Provider Types: Waiver Case Management Providers

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) authority.

11. Design a statewide crisis system for people with Intellectual/Developmental Disabilities - The Office of Developmental Disabilities Services strategic plan calls for development of a statewide, crisis system to support people with Intellectual/Developmental Disabilities in crisis, in their current settings with their current care givers. This funding will be used to bring in an expert on crisis systems for people with Intellectual/Developmental Disabilities to assist Office of Developmental Disabilities Services and our partners in planning and design of a crisis system. This will require engagement and collaboration with partners including Oregon Health Authority, Coordinated Care Organizations and Child Welfare. We expect this funding to support development of a plan for implementation and possibly, initial costs needed for implementation.

Section 9817 Funds \$500,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program through developing a statewide crisis system to support Home and Community Based Services.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children’s Developmental Disability Foster Care, Children’s Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k).

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

12. Funding for HIPAA Compliant technology for Case Management Entities and providers - With the pandemic, all services had to move to remote service models. This has proven successful for some individuals served and as we look to the future, we want the option for remote services to continue. This will also provide access to technology for residential settings to support efforts to decrease isolation during pandemics as called for in House Bill 2394 During the pandemic, the Health and Human Services did not enforce HIPAA requirements for remote services. When the Public Health Emergency ends, we want to ensure these services can continue with the use of appropriate HIPAA technology.

Section 9817 Funds \$4,000,000 decreased to \$2,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program by threatening Information Technology infrastructure for safe and secure remote and virtual service delivery.

Provider Types: Waiver Case Management Providers

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) authority.

13. Cross-training and Technical Assistance for Child Welfare and Case Management Entities - This funding will provide staff to serve as liaisons between Office of Developmental Disabilities Services and Child Welfare in each program and to support placement and system navigation. We will also enhance cross-system training and learning opportunities for field staff in each program and expand resources for (foster) families serving children with Intellectual/Developmental Disabilities to increase their understanding and skills.

Section 9817 Funds \$942,500

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance and strengthen Home and Community Based Services under the Oregon Medicaid Program through improving cross-system collaboration in serving children with Intellectual/Developmental Disabilities.

Provider Types: Waiver Case Management Providers

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) authority.

14. Statewide training and technical assistance resource - This resource is designed to provide technical assistance at the regional and local level and would focus on:

1) content-knowledge and timely interpretation based on local/regional culture and backgrounds

2) provide general family resources for individuals and families who are not yet eligible

3) provide outreach to other agencies about Intellectual/Developmental Disabilities services such as school districts

4) focus on local capacity building, specifically developing provider types needed for the region and developing culturally responsive providers.

ODDS is proposing to delete this item.

15. Medical/Clinical expertise for Office of Developmental Disabilities Services - Office of Developmental Disabilities Services supports children and adults with significant medical challenges and co-occurring behavioral health challenges. As a community-based system, we do not have expertise embedded in Office of Developmental Disabilities Services for consultation when medical or serious behavioral health issues arise. These issues may tie to eligibility for Intellectual/Developmental Disabilities services, or how to support someone in a community setting. We will use this funding to bring in short-term clinical support to establish a scope of work for a future, ongoing contract with a partner

university or specialized clinic. This consultative expertise will be available for the benefit of individuals with complex medical and behavioral needs receiving 1915k and 1915c services through I/DD system. This funding also includes resources for development of accessible health and wellness resources for people with Intellectual/Developmental Disabilities and referral database for those resources for individuals, families, Case Management Entities, and providers in collaboration with Institute on Development and Disability, Oregon Health & Science University.

Section 9817 Funds \$1,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program through improving Home and Community Based Service supports to individuals with significant medical needs.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

16. Enhancing and expanding access to the Oregon Intervention System (OIS) - OIS is Office of Developmental Disabilities Services' approved curriculum for prevention and intervention. Office of Developmental Disabilities Services will be initiating a Request for Proposal for operation of the Oregon Intervention System. Additional funding is needed to refresh and update the curriculum and expand

access to the training for behavioral support professionals, direct care staff and family caregivers.

The Oregon Intervention System (OIS) enhances community living for individuals who exhibit challenging behaviors by providing education and training to the persons designated to support them thereby preventing a need for a non HCBS setting. When the persons supporting an individual fully understand how to proactively prepare for, as well as to react to challenging situations, the need for emergency crisis interventions is decreased and oftentimes eliminated. When an emergency crisis situation presents itself, persons must be well trained to provide effective, respectful interventions to ensure that the individual is safe. Oregon's Intervention System has been an Oregon approved curriculum to safely support individuals with I/DD.

The expansion and enhancement of the Oregon Intervention System will update this curriculum to become more trauma informed, to align with national best practices, and to become more effectively and efficiently trained to natural and paid support persons. The curriculum should reflect the evolving field of trauma informed care including a deeper awareness of the types of trauma and trauma triggers, a greater understanding of trauma's effects on behavior, preventing re-traumatization, and strategies to prevent secondary trauma. It is also essential that the OIS curriculum be updated to ensure that the instruction and approved interventions align with best practice including updates to better prepare support staff to understand the functions of behavior, to proactively create systems that designed to decrease the frequency, intensity, severity, or duration of a challenging behavior and to support individuals during episodes of challenging behaviors with the least intrusive, most respectful interventions. Updates to the Oregon Intervention System will also include improving and streamlining the instruction methods, taking into account modern methods of adult learning theory.

Section 9817 Funds \$250,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program through improving supports for people with challenging behaviors.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support. All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

17. Study for contracted case management entity funding options -- House Bill 3116 calls for a study of options for funding contracted case management entities. This funding will cover the cost of the study.

Section 9817 Funds \$125,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to strengthen Home and Community Based Services under the Oregon Medicaid Program through improving case management service delivery system.

Provider Types: Waiver Case Management Providers

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) authority.

18. Demographic data collection - House Bill 2337 requires all state agencies and contractors who collect demographic data for state agencies to collect the demographic data according to standardized methods set by Oregon Health Authority, according to Oregon Revised Statute 413.161. Implementation of this

requirement will require Office of Developmental Disabilities Services to assess rules, contracts, and Information Technology system to ensure they meet requirements. Contracted Case Management entities also collect demographic data at eligibility determination point and many other points in the case management process. That data collection will need to be brought into compliance as well at Case Management Entity level.

Section 9817 Funds \$131,757

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance and strengthen Home and Community Based Services under the Oregon Medicaid Program through promoting service equity and data driven decision making for Oregon Home and Community Based Services.

Provider Types: 1915 (c) Waiver Case Management Providers

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) authority.

19. Develop and Enhance the Information Technology Infrastructure - Office of Developmental Disabilities Services will use this funding to initiate or expand current Information Technology infrastructure projects. The specific projects planned for this funding include:

- 1) initiate planning and development of a statewide Information Technology case management system using the higher federal match 90%, approved with the Advanced Planning Document that has been submitted to CMS
- 2) expand the Employment Outcome Survey website to include publicly available, easy to access opening/vacancy information for other types of service providers
- 3) work with Aging and People with Disabilities and Service Employees International Union to develop a Home Care Worker/Personal Support Worker portal that will allow a worker to be approved to be both a Personal Support Worker and a Home Care Worker at the same time, rather than needing to navigate two separate processes this can also receive a higher federal match and
- 4) base funds to use for another Advanced Planning Doc to CMS to initiate a Provider Training Module for the various type of Agency Providers Office of

Developmental Disabilities Services contracts. The current system used is a federal system that Oregon Department of Human Services cannot modify, and it requires business to make decisions based on system limitation rather than best practice. This could also be a combined Office of Developmental Disabilities Services/Aging and People with Disabilities effort.

ODDS is proposing to delete this item.

Individuals and Families

20. Flexible grant funding to support people through contracted case management entities - In difficult and unexpected situations, people with an Intellectual/Developmental Disability and their families need access to small amounts of flexible funding to prevent negative outcomes. Examples from recent years include:

- 1) funding for emergency housing after an evacuation
- 2) funding to support purchase technology for remote support and communication with families and providers
- 3) one-time assistance to maintain or secure housing
- 4) emergency relief care – means respite care for families to prevent negative outcomes.
- 5) support for families who are not citizens

Outcomes will be tracked to support future efforts to secure similar funding if the initiative is successful.

Section 9817 Funds \$2,500,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program by strengthening Home and Community Based Services delivery system's capacity to respond to unique needs of the individuals to promote community living, community inclusion, independence, and self-determination.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k).

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

21. Family Network Evaluation Project – this funding will be used to conduct a study and evaluation of the overall approach to the Department-funded Family Networks in order to identify existing best practices in peer/family supports and opportunities for improvements including but not limited to creative ways to meet the needs of individuals receiving services and their families, strengthen supports to diverse communities, including historically marginalized and underserved groups, create and expand capacity of culturally specific Networks.

Section 9817 Funds \$100,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance and strengthen Home and Community Based Services under the Oregon Medicaid Program by developing strategies to improve family-to-family and peer provided supports and infrastructure at the local community level.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

22. Provide reliable information about Intellectual/Developmental Disability services to people with Intellectual/Developmental Disabilities and families - Oregon's Intellectual/Developmental Disability service system is decentralized with information about our core values, resources, and variety of services available, provided through numerous local entities. We have heard from families that this makes it difficult to find reliable, consistent information about Intellectual/Developmental Disability services and supports. This funding will be used to create an easily accessible information resource for families and people with Intellectual/Developmental Disabilities. We will make the resources easily

accessible, culturally, and linguistically appropriate and supportive of the values of Oregon's Intellectual/Developmental Disability system.

Section 9817 Funds \$1,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance and strengthen Home and Community Based Services under the Oregon Medicaid Program by ensuring accurate and accessible information, resources and tools are available to individuals receiving services, families, advocates, and other partners.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

23. Develop resources and services for parents with an Intellectual/Developmental Disability - There is a growing need for resources, training and services that are specific to parents with an Intellectual/Developmental Disability. In partnership with Child Welfare, this funding will be used to develop resources, training materials and ultimately specialized services for parents with an Intellectual/Developmental Disability. This will include support in adaptation of Child Welfare assessments and practices to meet needs of children and parents with disabilities. The goal will be to help parents learn parenting skills, so they are better able to parent their child/children. Additional training will include healthy relationship training. Office of Developmental Disabilities Services will work with Child Welfare to create cross-system support and access to these resources. Outcomes will be tracked to support future efforts to secure similar funding if the initiative is successful.

Section 9817 Funds \$1,500,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program by providing supports for parents with Intellectual/Developmental Disabilities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

24. Eliminate client contribution for people in in-home services – ODDS is proposing to delete this category.

25. Expand Life Course and Individual Support Plan trainings – Life Course is the framework we will be incorporating into the Individual Support Planning process through the redesign effort. This funding will be used to expand training opportunities and delivery options on the Life Course for families and self-advocates and build a network of local leaders trained on the framework that can serve as a local resource. We will support trainings that are culturally responsive and meet the diverse needs of the audience, including funding of peer delivered models. We will also expand access to trainings on the Life Course framework for all providers to support person-centered approaches that focus on each person's goals and community inclusion beyond formal Medicaid-funded services.

Section 9817 Funds \$375,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance and strengthen Home and Community Based Services under the Oregon Medicaid Program through building competency, providing training and tools to enhance person-centered practices and planning, self-determination, and cultural agility, while empowering self-advocates and families to lead their planning process and services.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

26. Fund to support advocacy by self-advocates - Oregon wants to expand access to advocacy trainings, meetings, and events for people with Intellectual/Developmental Disabilities. This funding will support creative ideas for expanding access to advocacy efforts for people with Intellectual/Developmental Disabilities. Payments may support:

- 1) funding for local self-advocacy organizations
- 2) support for travel costs to meetings and trainings
- 3) marketing materials in multiple languages for self-advocacy organizations

Section 9817 Funds \$500,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program through supporting self-advocacy efforts and participation.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

27. Restore funding for the Fairview Trust - The Fairview Trust is now with the Oregon Community Foundation. Its purpose is to support housing options for

people with Intellectual/Developmental Disabilities. With this funding, we will restore the \$6 million General Fund that was cut during the economic downturn in the 1990s and enhance the funding to expand access to housing options for people with Intellectual/Developmental Disabilities. This funding can also go to support development of "smart homes" that increase independence for people with Intellectual/Developmental Disabilities.

Clearly indicate what the state plans to pay for using the ARP section 9817 funds as part of either of the following activities: "Restore funding for the Fairview Trust" (number 29, ODDS tab),

CMS -Clearly indicate whether the state plans to pay for room and board (which CMS would not find to be a permissible use of funds) as part of either of the following activities: "Restore funding for the Fairview Trust" (number 29, ODDS tab).

The Fairview Trust works to create an Oregon where people with intellectual or developmental disabilities (I/DD) have access to safe, accessible, and affordable housing in the community, which works to achieve the promise of Home and Community Based Services (HCBS). These efforts help expand and enhance access to Home and Community Based services by increasing options and access to community housing for individuals with I/DD in response to shortage and other barriers to integrated and accessible community housing.

In service to that vision and the promise of HCBS, the Fairview Trust funds work in three key areas of housing and monitors progress of these investments. The three areas of work funded by the Trust are:

- Expanding Universal Design in Housing: Universal Design is the design of buildings, products, or environments so that they can be accessed, understood, and used to the greatest extent possible by all people regardless of their age, size, ability, or other factors. Projects in this area of work seek to expand the use of Universal Design in the development and design stages of new housing units. These projects show that through considering the diverse needs and abilities of all throughout the design process, Universal Design creates housing and surrounding communities that meet peoples' needs.

- Increase Housing Options in Oregon: Choice in housing is fundamental, and Oregon’s severe shortage of affordable housing is felt most deeply by people with I/DD. Increasing supply is paramount. Projects in this area increase the number of fully accessible units—over and above what is required by Uniform Federal Accessibility Standards (UFAS) or public funding. This includes using funds to adapt existing units that are “visitable” or “adaptable” to being fully accessible.
- Broadening Advocacy for Affordable Housing: Thirty years after passage of the Americans with Disabilities Act, public policies and programs remain inadequate to the challenges faced by the I/DD community. Projects in this area support advocacy to address systemic barriers in policies related to community integration of people with I/DD, including in the availability of safe, affordable, independent, and dignified housing.

The Fairview Trust does not fund, and will not fund, room and board expenses.

Section 9817 Funds \$10,000,000 reduce by \$4,000,000 to \$6,000,000
 Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program through supporting Home and Community Based Services by promoting community housing options for people with Intellectual/Developmental Disabilities. Funds will be spent within the time period for expenditures.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities.

28. Study to allow use of Rideshare - Lack of access to transportation continues to be a barrier for people with Intellectual/Developmental Disabilities. Office of Developmental Disabilities Services would like to expand access to transportation by allowing use of ride sharing services for people with Intellectual/Developmental Disabilities. A number of challenges have prevented use of these services for people with Intellectual/Developmental Disabilities. Office of Developmental Disabilities Services will use this funding to initiate a study of other states use of these services with the goal of adding them as approved providers to our Medicaid authorities.

Section 9817 Funds \$125,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and strengthen Home and Community Based Services under the Oregon Medicaid Program through improving community inclusion and community access by providing diverse transportation options.

Provider Types: 1915 (k) authority Community Transportation

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(k) authority

Workforce

29. The state operated Stabilization and Crisis Unit will utilize the enhanced funding made available through ARPA to support the Direct Support Crisis Specialist workforce and make enhancements to improve services for people living at a State Operated Stabilization and Crisis Unit:

- 1) Frontline worker payments Direct Support Crisis Specialists , nurses, and other frontline professionals (Subject to bargaining)
- 2) Updated, appropriate furniture for homes
- 3) Training and development resources for staff
- 4) Emergency preparedness supplies including generators for homes

Section 9817 Funds \$1,026,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance and strengthen Home and Community Based Services under the Oregon Medicaid Program through workforce and capacity development and by providing Home and Community Based Services service setting enhancements.

Provider Types: 1915 (k) authority Adult Group Homes. All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915 (k) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(k) authority

30. Continue the COVID rate increase of 5% for non-bargained services and initiate the increase for others - In early 2021 the Oregon Legislature approved a 5% rate increase for six months for group home, day support activity and

employment services. We will extend this COVID increase for one year, from July 1, 2021 - June 30, 2022. In addition, we will add supported living, children's foster care and agency in-home services to the increase. This increase is intended to support front line, direct support professionals who have worked to care for people with Intellectual/Developmental Disabilities throughout the pandemic.

Section 9817 Funds \$6,671,393

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to strengthen Home and Community Based Services under the Oregon Medicaid Program through promoting capacity and workforce development and recovery from the impacts of the COVID-19 pandemic.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

31. Implementation of the new rate models - This funding will be used to support transition into the new rate models in July 2022 for certain 1915k and 1915c services. This funding will ensure that new rate models are fully funded to support services for individuals with I/DD, provider capacity, and direct care workforce. These rate models are being implemented in compliance with currently approved 1915k and 1915c authorities.

Section 9817 Funds \$ 28,891,513 increase to \$37,944,511

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to strengthen Home and Community Based Services under the Oregon Medicaid Program through promoting capacity, workforce development and recovery from the impacts of the COVID-19 pandemic by implementing new rate models.

Provider Types: 1915 (k) authority

Adult Group Homes, Community Living Supports Agency Provider, Community Transportation, Supported Living Agency Provider.

1915 (c) authority

Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

Sustainability: The Oregon Legislature is committed to continue this funding as part of the future Legislatively Approved Budgets.

CMS Follow-up Questions on Oregon's Needs Assessment Framework

- The state has indicated more people will see an increase in services than will have services decreased. What is the percentage of individuals who will experience a decrease in services?

The hour allotments exceed current utilization levels for 80 percent of the population. Thus, 20 percent of the population currently use more services than the prospective hour allotment to which they would be assigned. The proportion of individuals who would actually experience a decrease in services will be lower than 20% because individuals will have the ability to request an exception. We also note that for a significant portion of these individuals the change will be very small. Of the 20% of individuals with current utilization in excess of the applicable prospective hour allotment, the overage for 30 percent of them equates to less than five hours per week, a change that we believe will be

manageable for many. For another 25 percent, the coverage is between five and ten hours per week.

- Is the state willing, during the period of the MOE, to administer the previous assessment tool process as a check when individuals lose services and defer to that assessment process in determining service delivery hours?

The state does not intend to maintain dual assessment processes.

The development of the Oregon Needs Assessment (ONA) represents the culmination of a rigorous, years-long process involving stakeholder input at all stages of its development and testing. We believe that the ONA is a substantially more reliable and consistent assessment to determine participant needs.

Maintaining a dual assessment process is administratively burdensome and costly and would result in inequities as participants with similar assessed needs – based on the more valid assessment – will have access to differing levels of support.

We note that we are not reducing the amount, duration, or scope of services.

That is, we are not narrowing the scope of services, changing the duration of authorizations, or creating any new limits on the maximum amount of services that may be authorized. The adoption of the ONA represents an improved system of assessing need to inform the person-centered process in identifying an appropriate amount of services and supports for each individual. Adjustments to hour authorizations will be made based on the person's assessed needs. As indicated above, with the transition to the ONA the large majority of individuals will have access to a level of support that exceeds their current utilization levels.

- What updates is the state proposing to make in its 1915(k) CFC program and 1915(c) waivers to effectuate these changes?

As noted above, the state has been working on this initiative for many years (legislative direction to adopt a single, uniform assessment was given in 2013) so the state has previously made changes to its Medicaid authorities to implement the ONA as a functional needs assessment and as a level of need setting instrument. As a result, the state already ties prospective hour allotments to an assessment. The state believes that the adoption and implementation of the ONA is consistent with the existing terms of the state's 1915(k) CFC program and 1915(c) waivers, so we do not believe that any amendments are necessary.

32. Provide a COVID relief increase and one-time payment for Adult Foster Home providers - Adult Foster Home providers have supported people with Intellectual/Developmental Disabilities throughout the pandemic but have not

been included in funding increases made available to other residential providers. With Aging and People with Disabilities, Office of Developmental Disabilities Services proposes a COVID related 5% payment increase for these providers for one year from July 1, 2021 - June 30, 2022. In addition, we will provide a one-time flat payment of \$1000 per person served in each Adult Foster Home between March 1, 2020, and February 28, 2021. This funding is intended to support license holders and the direct care workers in Adult Foster Homes. (Subject to bargaining)

Section 9817 Funds \$5,370,386 decrease to \$555,097

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to strengthen Home and Community Based Services under the Oregon Medicaid Program through promoting capacity and recovery from the impacts of the COVID-19 pandemic. Provider Types: 1915 (k) authority Adult Foster Care. All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915 (k) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(k) authority

33. Enhance bargaining pot - For Adult Foster Homes by \$5M (in addition to Governor Recommended Budget levels).

Section 9817 Funds \$5,000,000 decrease to \$1,233,790

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to strengthen Home and Community Based Services under the Oregon Medicaid Program through promoting Adult Foster Home capacity and recovery from the impacts of the COVID-19 pandemic.

Provider Types: 1915 (k) authority Adult Foster Care. All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915 (k) authority.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(k) authority

34. Provide a COVID relief payment of \$500 for Personal Support Workers - Personal Support Workers provide vital in-home services to Oregonians with Intellectual/Developmental Disabilities who live independently or with family. In addition to the Provider Relief Funds available to Personal Support Workers through the financial management services entity, Office of Developmental Disabilities Services will make available a one-time payment of \$500 for each Personal Support Worker that worked between March 1, 2020, and February 28, 2021. (Subject to bargaining)

Section 9817 Funds \$1,638,625 increase to \$6,173,223

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to strengthen Home and Community Based Services under the Oregon Medicaid Program through promoting PSW workforce capacity and recovery from the impacts of the COVID-19 pandemic.

Provider Types: Personal Support Worker. All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

35. Enhance bargaining pot - For Personal Support Workers by \$7.5M (in addition to Governor Recommended Budget levels).

Section 9817 Funds \$7,500,000 increase to \$10,500,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to strengthen Home and Community Based Services under the Oregon Medicaid Program through promoting PSW workforce capacity and recovery from the impacts of the COVID-19 pandemic.

Provider Types: Personal Support Worker. All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

36. Personal Support Worker Training and Benefit Trusts - Enhance services offered through the benefit trusts and training trusts for Personal Support Workers.

Section 9817 Funds \$6,460,092

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance and strengthen Home and Community Based Services under the Oregon Medicaid Program through promoting Personal Support Worker workforce capacity and access to benefits. Provider Types: Personal Support Worker. All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

37. Provider recruitment and retention fund - COVID has impacted the ability of Office of Developmental Disabilities Services Direct Support Professional providers and other agency professionals to recruit and retain direct care workers. This has only added to a direct support professional shortage that existed before the pandemic. This fund will be used for grants to providers to support innovative recruitment and retention strategies. This may include:

- 1) incentive payments to attract workers
- 2) payments for completing specialized training requirements
- 3) performance-based increases or bonus'

Funds will also be used to help retain current providers post public health emergency.

Section 9817 Funds \$10,000,000 increase to \$15,400,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and

strengthen Home and Community Based Services under the Oregon Medicaid Program through workforce development efforts.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children’s Developmental Disability Foster Care, Children’s Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support.

All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

38. Grants to provide Personal Support Workers with devices to access Electronic Visit Verification - A 2017 federal law requires all states to implement Electronic Visit Verification for in home workers. Office of Developmental Disabilities Services implemented its Electronic Visit Verification system in 2020 but use of the system amongst Personal Support Workers remains low. Lack of access to a smart device to log into Electronic Visit Verification to record work hours is a barrier. These funds will provide devices to Personal Support Workers who lack access so they can log into the system to record their time.

Clearly indicate whether the state plans to pay for ongoing internet connectivity costs as part of any of these activities: “Flexible grant funding to support people through CDDPs3/Brokerages” (number 30, ODDS tab); “Grants to provide Personal Support Workers with devices to access EVV” (number 31, ODDS tab); and “Funding for HIPAA Compliant technology for CMEs and providers” (number 30, ODDS tab). If the state intends to pay for ongoing internet connectivity costs as part of any of these activities, CMS is not able to approve those activities at this time and will need to follow-up with

the state to indicate whether this activity is approvable.

ODDS is not planning to fund ongoing internet connectivity.

Section 9817 Funds \$2,500,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to strengthen Home and Community Based Services under the Oregon Medicaid Program through promoting Electronic Visit Verification compliance.

Provider Types: Personal Support Worker. All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

39. Healthcare - This would be an initial investment toward a new healthcare trust for long term care workers. The intent is to create a self-insured healthcare plan that would provide better quality care for workers. Workers in the long-term care industry are often ineligible for the Oregon Health Plan because their income is slightly too high, but their wages are too low for them to afford their employer-sponsored healthcare plans. Providing this initial seed money would encourage employer-employee partnerships to jointly find ways to incentivize quality and workforce retention.

ODDS does not provide services in institutional settings. Only HCBS providers would be eligible. For APD the funding would be used to develop and deliver training to HCBS providers. However, the training would be open to nursing facility providers. APD will allocate the funding for HCBS to the savings from the enhanced match.

The self-insured model will only cover Community Based Care Facilities. Institutions will not participate in the Medicaid matched program.

Section 9817 Funds \$5,000,000

Section 9817 compliance This concept description demonstrates compliance with the requirement of section 9817 (b) of the ARP to enhance, expand, and

strengthen Home and Community Based Services under the Oregon Medicaid Program through workforce development efforts.

Provider Types: 1915 (k) authority

Adult Foster Care, Adult Group Homes, Behavior Support Service Providers, Children's Developmental Disability Foster Care, Children's Developmental Disability Host Homes, Community Living Supports Agency Provider, Community Transportation, Developmental Disabilities Support Services Provider Organization, Group Care Home for Children, In Home Care Agency, Personal Support Worker, Supported Living Agency Provider.

1915 (c) authority

Waiver Case Management, Employment Path, Individual Employment Support, Discovery/Career Exploration Services, Small Group Employment Support. All settings and provider types are non-institutional home and community-based service (HCBS) settings and providers that meet the HCBS settings requirements and provide services under 1915(c) and 1915 (k) authorities.

Medicaid Eligibility Group/Authority: Home and community-based providers providing services under 1915(c) and 1915(k) authorities

Oregon Department of Human Services, Child Welfare

Services: Child Welfare will provide additional services and supports to youth with intensive behavioral health needs and are at risk of placement disruption. Funds will be used to support Child Welfare contracted providers to support and enhance Behavioral Health services covered by the Oregon Health plan and services provided by the Oregon Department of Developmental Disabilities through support with engagement. Services will be provided in approved Home and Community-Based Settings. Additional services and supports will include non-Medicaid reimbursable activities such as transportation, additional supervision, peer mentoring services outside of a treatment plan, and other flexibly funded support. These services and supports are expected to stabilize current placements, prevent the need for higher levels of Behavioral Health, or Intellectual and Developmental services, and support youth when recommended higher levels of care are not immediately available. Youth in Child Welfare custody have been identified as a priority population by the Oregon Health Authority. When youth in custody are unable to access or struggle to engage in medically appropriate behavioral health services, there is often an imminent risk of placement disruption. Child Welfare will collaborate with CCOs, OHA, and ODDS to track outcomes for youth with intensive needs who receive additional supports. Will work with partners to determine effective strategies and develop sustainable payment methodologies for supports beyond this funding.

Section 9817 Funds: \$2,700,000

Section 9817 Compliance: Supplements and enhances HCBS services by providing additional resources to stabilize current HCBS placements and prevent placement disruption.

Provider Types- Non-medical Transportation providers, peer mentors, skills trainers, Personal Support Workers, Qualified Mental Health Associates, Qualified Mental Health Professionals

Medicaid Eligibility Group/Authority- 1115 Oregon Health Plan

State Assurances

ARPA expenditures will not be used to cover room and board costs.

ARPA expenditures will only be used for individuals served in compliant home and community-based settings and for compliant home and community-based providers.

Online infection prevention and control staff training, and service equity training will be targeted toward HCBS providers.

Oregon will amend the spending plan if legislative or Department priorities change at any time during the enhanced match period. Any amendments will be submitted prior to changes being made and will be reflected in subsequent quarterly reports.

Financial Summary

Projected Savings by program area

Department	12 Month Savings	% of Savings
ODHS, Aging and People with Disabilities	\$120,686,155.04	40.05%
ODHS, Office of Developmental Disabilities Services	\$160,464,003.36	53.24%
ODHS, Child Welfare	\$1,454,522.58	0.48%
OHA, Health Systems Division	\$18,770,520.98	6.23%
Total	\$301,375,201.96	100.00%

Projected Expenditures by Program Area	Total Funds	Federal Funds	Section 9817 Funds
Oregon Health Authority	\$30,372,129.63	\$11,659,773.40	\$18,712,434.22
Office of Developmental Disabilities Services	\$324,381,746.00	\$156,853,398.00	\$167,528,349.00
Aging and People with Disabilities	\$228,372,143.00	\$112,945,392.00	\$127,976,751.00
Child Welfare	\$2,758,289.41		\$2,758,289.41

Glossary

AAA – Area Agency on Aging

APD- Aging and People with Disabilities

BH- Behavioral Health

CCO- Coordinated Care Organization

CME- Case Management Entity

CW- Child Welfare

EVV- Electronic Visit Verification

HCW- Home Care Worker

HSD- Health Systems Division

LTSS- Long-Term Services and Supports

MH- Mental Health

MUPL – Medicaid Upper Payment Limit

OAR – Oregon Administrative Rule

ODDS- Office of Developmental Disabilities Services

OHA- Oregon Health Authority

OYA- Oregon Youth Authority

PACE – Program of All-Inclusive Care for the Elderly

PCA- Personal Care Attendant

PSRB- Psychiatric Security Review Board

PSW- Personal Support Worker

SEIU- Service Employees International Union

SUD- Substance Use Disorder

SPPC – State Plan Personal Care