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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 20-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
701 5th Avenue, Suite 1600, MS/RX-200
Seattle, Washington 98104



Medicaid and CHIP Operations Group

June 3, 2020

Patrick Allen, Director
Oregon Health Authority
500 Summer Street Northeast, E15
Salem, OR 97301-1097

RE: Approval of Oregon State Plan Amendment (SPA) Transmittal Number 20-0009

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number OR-20-0009. This amendment proposes to implement temporary changes to the Oregon 1915(j) Independent Choices Program related to Oregon's response to the COVID 19 pandemic during the period of the Presidential and Secretarial emergency declarations (or any renewals thereof).

This SPA is approved effective March 1, 2020, as requested by the state.

If you have any additional questions concerning this information, please contact me at (206) 615-2356, or your staff may contact Carshena Harvin at (206) 615-2400 or Carshena.Harvin@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of David L. Meacham.

David L. Meacham, Director
Division of HCBS Operations and Oversight

Re:
Dana Hittle, OHA
Chris Pascual, OHA
Jane-Ellen Weidanz, DHS
Matthew Rapoza, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-0009	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 3/1/20

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

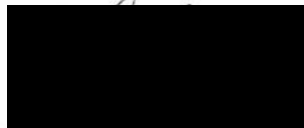
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 1915(j) Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$ 350,000 b. FFY 2021 \$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 3 to Attachment 3.1-A, Page 23 Attachment 3.1-A, Page 23	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW

10. SUBJECT OF AMENDMENT: This transmittal is being submitted related to COVID-19 emergency disaster relief SPA for temporary flexibility to the (i) plan.(P&I)
(j)

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME Lori Coyner, MA	
14. TITLE: State Medicaid Director, OHA	
15. DATE SUBMITTED: 4/2/2020	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 4/2/2020	18. DATE APPROVED: 6/3/2020
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/2020	20. SIGNATURE: 
21. TYPED NAME: David L. Meacham	22. TITLE: Director, HCBSO

23. REMARKS:
5/10/2020: State authorized P&I change to block 10

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

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

Temporary changes to 1915(j) for the Independent Choices Program

The State Medicaid agency seeks to implement the policies and procedures for the provision of Independent Choices Program, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof) for the period of the public health emergency. These policies and procedures are time limited to no later than the termination of the national public health emergency, including any extensions.

The state will work with CMS to revert back to pre-emergency policies as circumstances allow. Oregon requests an effective date of March 1, 2020 with a termination date to be determined by the end of the emergency declaration, including any potential extensions.

vii. Participant Living Arrangement

- The state may waive the three consecutive months of tenancy as a condition of eligibility.

x. Service Plan

- Individuals that have responsibility to develop or manage service plans may provide other direct services to participants only if a provider is suddenly unavailable. If this occurs, the following will occur to avoid any possible conflict of interest:
 - Increased case management contact to occur with the participant and representative at least twice per month;
 - Any changes to the service plan such as a change in a provider or the number of hours worked must have the review of a case manager;
 - Any changes to the service plan that include a change in the care setting must have the review of a case manager;

The case manager may terminate the agreement if any conflict of interest becomes apparent. Alternatives must be provided if this were to occur.

xii. Risk Management

- The state may utilize the risk assessment and monitoring instrument by telehealth if:
 - The participant agrees to participate in this manner; and
 - An in-person evaluation is not considered necessary in order to properly assess or monitor.