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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 20-0008

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 20-0008

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number OR-20-0008. This amendment proposes to implement temporary changes to the Oregon 1915(k) 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.

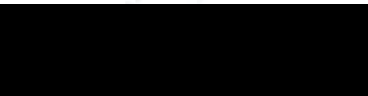

Sincerely,

Digitally signed by



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: 20-0008	2. STATE Oregon
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 3/1/20	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)	
6. FEDERAL STATUTE/REGULATION CITATION: 1915(k) of the Act, 42 CFR 441 Subpart k	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$ 5.8M . b. FFY 2021 \$		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-K, Page 45-48 47 (P&I) Attachment 4.19-B, Page 26a (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): NEW		
10. SUBJECT OF AMENDMENT: This transmittal is being submitted related to COVID-19 emergency disaster relief SPA for temporary flexibility to the k plan option.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED does not wish to review any plan materials. <input type="checkbox"/> 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 OF REGIONAL OFFICIAL: 		
21. TYPED NAME: David L. Meacham	22. TITLE: Director, HCBSO		
23. REMARKS: 5/4/20 - State authorized P&I change to block 8			

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 the Community First Choice State Plan Option

The State Medicaid agency seeks to implement the policies and procedures for the provision of Community First Choice State Plan Option, 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 following are temporary measures related to Oregon's response to the COVID-19 outbreak. 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.

I: Eligibility

The following requirement is temporarily waived, as directed by DHS.

- Allow level of care evaluations or re-evaluations to be completed by communication methods in lieu of face to face, such as telehealth, as directed by DHS. Suspend the requirement for annual re-evaluations until the Emergency Declaration is repealed by the President unless there is a change of condition requiring additional services for the individual.

IV. Service Package:

- The following is added to the definition of Attendant Care Services:

The state may determine when it is appropriate for attendant care services to be delivered by communication methods in lieu of face to face, such as telehealth for ODDS-eligible individuals.

- Allow two meals per day to be provided through the home delivered meals program.

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 the Community First Choice State Plan Option

V. Qualification of Providers of CFC Services

The following sections are added:

- Homecare Workers and Personal Support Workers (Independent Providers): Homecare Workers and Personal Support Workers may be permitted to begin working unsupervised when a positive preliminary fitness determination (verified that they are not on the federal exclusionary list) is made, prior to a final fitness determination, as directed by DHS.
- DHS licensed and certified providers of 1915(k) services, as directed by DHS, may implement the following workforce shortage mitigation strategy:

Staff providing attendant care for these providers may be permitted to begin working unsupervised when a positive preliminary fitness determination is made (verified that they are not on the federal exclusionary list), prior to a final fitness determination. Unless exempt under state law, staff must complete continuing education credits every 12 months, but may continue providing services if continuing education requirements are not completed, as directed by DHS.

VI: Home and Community-Based Settings

- Temporarily revise state plan provisions to allow the provision of Community First Choice Personal Care services to a recipient in an acute care hospital as long as the services are identified in an individual's personal plan of care, address needs that are not met through the provision of hospital services, are not duplicative of services the hospital is obligated to provide, and are designed to ensure smooth transitions between acute care settings and home and community-based settings, and preserve the individual's functional abilities.

IX: Assessment and Service Plan:

- Case Managers and Assessors may complete all assessments, including the risk assessment, by communication methods such as telehealth, in lieu of face to face assessments

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Temporary changes to the Community First Choice State Plan Option

X. Person-Centered Service Plan Development Process

- Case Managers may complete the person-centered service planning process by communication methods such as telehealth, in lieu of face to face.
- Person-centered service plans/revisions may be approved with a retroactive approval date for service needs identified to mitigate harm or risk directly related to COVID-19 impacts.