

OREGON PROJECT INDEPENDENCE
AND FAMILY CAREGIVER
ASSISTANCE PROGRAM 1115
DEMONSTRATION
WAIVER APPLICATION

Oregon Health Authority in Partnership with the
Oregon Department of Human Services, Aging and People with Disabilities

July 9, 2021

Contents

Section I: Background and Context	3
Program Overview	5
Current State:	5
Future State:	6
Rationale for Demonstration:	7
The following hypotheses will be tested.	7
Timeframe:	8
Section II: Demonstration Eligibility	8
The proposed eligibility criteria for both programs are:.....	8
Enrollment limits:.....	9
Anticipated number of consumers eligible for program:.....	9
Post-eligibility treatment of income:.....	9
Eligibility procedures:.....	9
Eligibility changes to methodologies or standards applicable in 2014:.....	9
Section III: Demonstration Benefits and Cost-Sharing Requirements.....	9
Cost-Sharing Requirements:.....	9
Expanded OPI Service Package:.....	10
Family Caregiver Services Program:	11
Section IV: Delivery System and Payment Rates:	12
Section V: Implementation of Demonstration.....	13
Timeline	13
Year 0:.....	13
Year 1:.....	13
Years 2-5:	14
Stakeholder and Intergovernmental Engagement:	14
Section VI: Demonstration Financing and Budget Neutrality	14
Section VII: List of proposed Waiver and Expenditure Authorities	15
Section VIII: Public Notice and Tribal Consultation.....	17
Background and Context:.....	17
Advisory Committee Recommendations:.....	17
Tribal Consultation:.....	18
Public Comment Period:	18
Public Notice:	18
Public Hearings:	19
Other Meetings and Outreach:	19
Section IX:.....	20

Appendix A: Oregon’s Service Priority Level System 21

Section I: Background and Context

Oregon has a long history of working to serve older adults and adults with disabilities through innovation and presented opportunities. In 1975, Oregon began a state-funded program called Oregon Project Independence (OPI). OPI provides in-home supports to older adults and individuals with Alzheimer's and other related dementia diagnoses. Since 2014, Oregon has also served younger adults with disabilities in select counties through an OPI pilot program.

In 1981, legislation created the Home and Community-Based Services (HCBS) waiver program. Oregon used the opportunity to begin offering a wide array of home and community-based services for older adults and adults with disabilities. Oregon has worked to reduce the number of older adults and adults with disabilities in nursing facilities and help them to live successfully where they want to live.

While Oregon is proud of the services it has been able to offer to older adults and adults with disabilities, a gap remains. The gap exists for individuals not yet eligible for Medicaid HCBS, yet who have limited income and are at risk of entering the Medicaid system. Some of the individuals receive care from family or unpaid caregivers, while others do not have a caregiver for support with Activities of Daily Living (ADLs).

What makes this gap a priority is Oregon's rapidly changing population. Oregon's population of older adults is in the early stages of growth. Currently, nearly 800,000 Oregonians are age 65 and over, with nearly 1,000,000 projected by 2030, or a 25 percent increase. Those age 65-74 are expected to increase 60 percent in the next ten years, from approximately 225,000 today to 360,000 in 2030. For those age 85 and older and most at risk of needing Medicaid long-term services and supports, the population is estimated to increase by 33 percent over the next ten years, from approximately 90,000 in 2020 to approximately 120,000 in 2030.¹

Additionally, Oregon's aging population is becoming much more economically vulnerable. With the changes in retirement over the past several decades, Oregon's older adults are leaving the workforce with fewer assets. Additionally, successive recessions have eroded those assets. There is a substantial proportion

¹ Oregon Office of Economic Analysis, Economic and Revenue Forecast, June 2020.

with few to no retirement savings. They may not qualify for Medicaid long-term services and supports until they decline significantly in their abilities to live independently and spend down what little savings they have. As the percentage of older adults grows, so does the proportion of older adults at risk of needing publicly funded support to remain living independently.

The number of adults experiencing a disability is also growing in Oregon. In 2008, approximately 700,000 adults over age 18 experienced a disability; by 2016, about 900,000 adults over age 18 experienced a disability, nearly a 30 percent increase.² Many younger adults with disabilities experience barriers to employment. Others may be financially ineligible to access Medicaid long-term services and supports due to previous work experience.

The prevalence of Alzheimer's disease and other related dementias (ARD) is also growing. The number of people experiencing ARD in Oregon was approximately 76,000 in 2012; by 2030, it is estimated 120,000 Oregonians will be living with ARD.³

To add to changes in population size, Oregon's population is growing more diverse. In 2018, approximately 25 percent of Oregon's population identified as people of color, up 32 percent from 2008. While the proportion of the state who identified as people of color is about 13 percent lower than the national average for states, the increase in the proportion of the population was higher than the increase in the national average.⁴ Also, while the age demographics in Oregon's communities of color are younger than the white population, there is a lower proportion of communities of color accessing Medicaid long-term services and supports, particularly among Oregon's Latinx communities. This is relative to the population accessing long-term services and supports overall. The need for change, to a more consumer-directed and culturally and linguistically responsive system of services and supports, is imperative as Oregon's growing diverse population ages in the coming decades.

Currently, Oregon serves approximately 36,000 consumers with Medicaid long-term services and supports, with over half of these consumers being served in their own homes. Over 85 percent are served outside of nursing facilities. With

² Oregon Office on Disability and Health, Disability in Oregon, 2008; 2016.

³ The State Plan for Alzheimer's Disease and Related Dementias in Oregon, 2012.

⁴ Oregon Employment Department, "Racial and Ethnic Diversity in Oregon's Workforce," January 2020.

the current system serving this number of individuals, it is clear Oregon needs a more robust set of alternative services that can provide a limited, preventative array of services and supports so that a greater number of older adults and younger adults with disabilities can maintain their independence and continue living in their own homes.

The Oregon Department of Human Services (ODHS), Office of Aging and People with Disabilities (APD), in coordination with the Oregon Health Authority (OHA), plans to fill this gap through two additional programs, as noted in the following program overview. The programs have an intentional focus on person-centered, consumer-driven services to help more older adults and adults with disabilities maintain their independence with limited resources. Oregon is dedicated to creating services that are culturally and linguistically responsive to Oregon's diverse population, so all feel welcome to access services.

Program Overview

This Demonstration creates a federally matched program of Oregon Project Independence (OPI) and a Family Caregiver Assistance Program (FCAP) for older adults and adults with physical disabilities who are not currently accessing Medicaid programs. These programs provide limited services and supports to individuals at risk of entering the Medicaid long-term services and supports system, with the intent to assist individuals to either avoid or delay entering the Medicaid system. Individuals found eligible would only receive the services defined below. They would not be eligible for other state plan or waivers. An individual eligible for any Medicaid funded program would be informed of their eligibility and allowed to choose which program from which they would like to receive services.

Current State:

As previously noted, OPI has been operative in Oregon since 1975. It currently serves approximately 2,000 older adults and, since 2014, it has served approximately 350 younger adults with disabilities in 12 of Oregon's 36 counties. The program is supported entirely by state funds and participant fees from consumers in the program with higher incomes. The program is currently administered by Area Agencies on Aging (AAAs).

The level of state funding for OPI has fluctuated over the last three decades making long term stability difficult and making it difficult to meet the demand for

these services. There is a high demand for the program. Each AAA experiences wait lists for people to access the program. Nearly 90 percent of OPI participants do not enter the Medicaid long-term services and supports system.

Support for family caregivers is primarily provided through the Older Americans Act program administered by AAAs. Like OPI, funding for these programs is limited. The average benefit for a family does not provide for adequate respite and supports to sustain the caregiving relationship between the consumer and the family or other unpaid caregiver. Additionally, demand routinely outstrips the available funding. Of all the older adults and people with disabilities who get long-term services and supports, the overwhelming majority of that care is provided by family or other unpaid caregivers, such as friends or neighbors.⁵ With the risk of caregiver burnout, there is a significant need for even a light amount of respite and other supports to sustain these caregiving relationships.

Future State:

With this Demonstration, Oregon will create a stronger infrastructure to sustain services and supports for older adults and adults with disabilities at risk of accessing current Medicaid long-term services and supports, while maintaining their independence.

For OPI, the program will build upon a sustainable foundation to serve more individuals with federal matching funds. Consumers will choose from a list of services for limited supports to help them maintain independence and live in their own homes. Federal matching funds will permit local programs to serve younger adults with disabilities, whose participation has been limited to only one third of Oregon counties. Oregon's current OPI program, as it exists today, would continue to be administered by AAAs as match for Older Americans Act funding.

Likewise, the FCAP, through a sustainable foundation of federal and state funds, will support consumers whose family members have chosen to care for their loved ones in their own homes. The program will provide a list of services from which the consumer can choose to support and sustain the caregiving relationship, whether it is caregiver respite, adult day services, transportation, assistive technology, caregiver training and education, or other services that the

⁵ AARP Public Policy Institute, Caregiving in the United States 2020, May 2020.

consumer finds compatible with the caregiving relationship they have with their caregiver.

With both programs, consumers will receive limited services tailored to their needs and life choices that are culturally and linguistically responsive to each consumer's needs. These programs can help avoid unnecessary hospitalizations or acute emergency medical care and out-of-home placement in an institutional or community long-term care setting.

These programs will further the objectives of the Title XIX program by assisting individuals to remain independent so they can delay or avoid entry into Medicaid services. This also furthers the sustainability of the Title XIX program by saving both federal and state funds in the future. The Demonstration will not modify or affect other components of Oregon's Medicaid and CHIP programs. The individuals served by these programs will have access limited to the Demonstration's benefits. They will not have access to Medicaid services provided under other State Plans or any Waivers in Oregon's Medicaid program.

Rationale for Demonstration:

Oregon's current system of long-term services and supports lacks programs to serve consumers who have limited income and resources but do not meet Medicaid financial eligibility requirements, as well as individuals who may have some needs for Activities of Daily Living that do not meet the current Nursing Facility Level of Care. These individuals often enter the Medicaid system after exhausting their financial resources or further loss of Activities of Daily Living. This Demonstration will provide limited support for this at-risk population to prevent or delay the need for Medicaid long-term services and supports.

The following hypotheses will be tested.

Hypothesis	Evaluation Approach
The limited benefit program will give the consumer a higher quality of life and satisfaction with the services received.	The state will use an evaluation that compares the consumer's functional abilities with Activities of Daily Living at redetermination to track overall service outcomes and will use survey data of consumers to evaluate self-reported data on satisfaction and assessment of the quality of life.

Hypothesis	Evaluation Approach
The limited benefit program slows the projected increase in the number of individuals accessing Medicaid services and save federal funds for the Title XIX program.	The state will compare the number of individuals served and the federal cost per case against the projected number of people served in the Medicaid program and cost per case if no Demonstration existed.

Timeframe:

The state requests that the Demonstration operate for a five-year period, beginning on July 1, 2022, with possible renewal for additional five-year periods. The expansion of OPI and the FCS program would become operational on July 1, 2022.

Section II: Demonstration Eligibility

This Demonstration will not change the eligibility criteria or income standards for Oregonians currently accessing Medicaid-funded programs under the current State Plan or current Medicaid waivers. It will create a unique set of eligibility and income and resources standards for participants in the OPI and FCS programs.

The proposed eligibility criteria for both programs are:

- Age 18 or older
- Income at or below 400% of the Federal Poverty Level (FPL)
- Resource limit up to the average cost of six months in a nursing facility
- Oregon will use its staff and methods to determine and verify financial eligibility for both income and resources through local APD offices and AAA offices that administer Medicaid programs (referred to in Oregon as Type B Transfer AAAs). These staff will also conduct eligibility redeterminations.
- Individuals may also receive Supplemental Nutrition Assistance Program (SNAP) and Medicare Savings Program (MSP) benefits, but not Medicaid.
- Service eligible
 - Oregon will use its Service Priority Level system. This system has 18 levels to describe needed assistance with Activities of Daily Living. Medicaid currently serves levels 1-13 through the 1915(c) and 1915(K). This program will serve individuals who fall within levels 1-

18. See Appendix A for the criteria for the Service Priority Level system.

Enrollment limits:

The state does not intend to place enrollment limits on the OPI and FCS programs at this time.

Anticipated number of consumers eligible for program:

Currently, Oregon Project Independence, a state-funded program, serves approximately 2,350 individuals. This Demonstration would be projected to serve up to 4,500 (including the 2,350 currently served) individuals in Oregon Project Independence. It is projected that this Demonstration will serve up to 1,800 individuals and their caregivers in the FCAP.

Post-eligibility treatment of income:

This Demonstration will not utilize post-eligibility treatment of income, nor spousal impoverishment rules. Individuals served by this program will not be subject to estate recovery. Since this Demonstration offers consumers a limited, consumer-directed and consumer-specific array of services and supports, this will provide an incentive for consumers to access these services rather than having to access more costly and intensive services and supports in the Medicaid system.

Eligibility procedures:

There will be no changes in existing eligibility procedures. To determine income, Oregon will use the Social Security Income-related income methodologies currently in use for determining eligibility for Medicaid long-term services and supports through the 1915(c) and 1915(k).

Eligibility changes to methodologies or standards applicable in 2014:

There are no eligibility changes the state is seeking to the methodologies or standards applicable in 2014.

Section III: Demonstration Benefits and Cost-Sharing Requirements

Cost-Sharing Requirements:

The program will not have cost sharing or copayment requirements.

Expanded OPI Service Package:

The service package will replicate the current services offered in statute and rule for OPI. Consumers will work with their case manager to create a limited service plan that meets their needs to maintain their independence and quality of life in their home.

Applicants for the Demonstration services will be informed that they only have access to these limited services and will not be eligible for, nor have access to, Medicaid services under the State Plan or any of Oregon's Medicaid Waivers (other than Medicare Buy-in benefits). Individuals eligible for other Medicaid services will have the choice to enroll in any of the waivers or state plans for which they are eligible.

These services may include:

- In-home support or personal care services (in-home services to maintain, strengthen or restore an individual's functioning in one's home);
- Chore services (i.e., heavy housework or yard work provided on a one-time or intermittent basis to assure health and safety);
- Adult day services (non-residential community-based programs, providing services for part of the day);
- Registered nurse services (i.e., one-time or intermittent assessment, service planning, medication monitoring, provider training and education);
- Assistive technology and minor consumer home modifications;
- Emergency response systems (ERS);
- Home delivered meals;
- Services to support community caregivers and strengthen the natural support system of individuals;
- Evidence-based health promotion services (programs to help individuals adopt healthy behaviors, improve health status, or reduce use of health services);
- Options counseling (counseling to support informed decision making on services based on strengths, needs, and preferences);
- Assisted transportation options that allow individuals to live at home and access the full range of community resources; and

- Case management and service coordination (service designed to individualize and integrate social and health care options for the consumer).

Family Caregiver Assistance Program:

Consumers would be eligible to receive services and supports totaling no more than \$500 per month, with an annual increase in the monthly benefit limit to meet the annual increases due to inflation. Consumers and their unpaid caregivers will be able to design consumer-directed services that meet the consumer's needs while sustaining the needs of the caregiver and the overall caregiving relationship.

Applicants for the Demonstration services will be informed that they only have access to these limited services and will not be eligible for, nor have access to, Medicaid services under the State Plan or any of Oregon's Medicaid Waivers (other than Medicare Buy-in benefits). Individuals eligible for other Medicaid services will have the choice to enroll in any of the waivers or state plans for which they are eligible.

These services may include:

- In-home support services or personal care services (in-home services to maintain, strengthen or restore an individual's functioning in one's home);
- Adult day services (non-residential community-based programs, providing services for part of the day);
- Respite services;
- Emergency response systems;
- Special medical equipment and supplies;
- Supports for consumer direction;
- Assistive technology;
- Minor consumer home modifications;
- Home delivered meals;
- Assisted transportation, in conjunction with another service;
- Supportive services (counseling, groups) for individuals and their caregivers;
- Family Caregiver Hotline; and
- Education and training for unpaid caregivers.

Section IV: Delivery System and Payment Rates:

The Demonstration will utilize the existing fee-for-service delivery system and payment rates as they are currently constituted in the State Plan and Medicaid waivers in Oregon. The state will use the fee-for-service rates and the provider types identified in the State Plan. In the case of Consumer-Employed providers, rates are established through Collective Bargaining Agreements.

Fee-for-service rates for other services and supports not otherwise covered in the State Plan must be within the ranges published by the state for each service. Payment will not exceed the prevailing charges in the locality for comparable services under comparable circumstances, or the rates charged by AAAs for comparable services funded by other sources. Written procedures for determining rates that are reasonable and consistent with market rates will be in place. Acceptable methods for determining rates will include periodic market surveys, cost analysis, and price comparison.

Section V: Implementation of Demonstration

Timeline:

To implement this Demonstration, Oregon proposes a timeline with intensive, dynamic work with federal, state, local, community, and Tribal partners to support the milestones necessary for building the infrastructure necessary for program operationalization and implementation. This Demonstration will be implemented on the following schedule:

Year 0:

- Build the infrastructure and technical assistance capacity for administering the Demonstration program, based on public comment and feedback on gaps to build up infrastructure and resource needs.
- Update eligibility and other systems so the financial eligibility for this Demonstration program, as well as the existing SPL system, can facilitate enrollment of Demonstration participants.
- Modify IT systems to facilitate eligibility, enrollment, and the provision and payment of benefits for the program.
- Leverage stakeholder and intergovernmental involvement: continue to engage and collaborate with AAAs, Tribes in Oregon, Centers for Independent Living (CILs), commissions, councils, advisory committees, providers, and interested stakeholders in program design and delivery planning.
- Plan and implement stakeholder and public engagement.
- Develop and implement training for staff, stakeholders, and community partners on program benefits and eligibility criteria.
- Develop reporting and evaluation framework, including methods of data collection and system design to facilitate data collection.

Year 1:

The program will be operational, and individuals will be enrolled in the new program. The State will hold public meetings in the middle of year one to gather stakeholder and public feedback on the program's implementation. The State will work with the administering AAAs to identify barriers and best practices for achieving outcomes.

Years 2-5:

The State will continue administering the program and conduct an ongoing evaluation of the Demonstration's outcomes, including the evaluation of functional outcomes for consumers and consumer satisfaction on the survey questions for self-assessing their ability to remain independent and maintain a high quality of life as they define it.

Stakeholder and Intergovernmental Engagement:

The State will engage stakeholders, intergovernmental partners, and also hold public meetings in Year 0 to inform potential individuals of the program. The state and some of its AAA partners will be responsible for determining eligibility and enrolling participants with a service plan. The AAAs will be responsible for ongoing case management.

Section VI: Demonstration Financing and Budget Neutrality

This Demonstration will be financed by services at the state's FMAP rate, and by staff support at the Medicaid administrative rate (50% federal funds).

To manage the expenditures in this Demonstration, Oregon proposes to use an aggregate approach to show the annual federal costs of individuals accessing Medicaid long-term services and supports with the Demonstration will not exceed the projected costs over the five years of the Demonstration absent the Demonstration.

To show budget neutrality, Oregon will use a baseline of historic federal expenditures for Medicaid long-term services and supports from CY 2016-2020, and the projected costs of the federal share for Medicaid long-term services and supports from CY 2022-2026.

A budget neutrality Excel workbook will be provided to include:

- Historical enrollment, trends, and expenditures;
- Estimated enrollment, trends, and expenditures for Medicaid consumers under the Medicaid long-term services and supports program *without the Demonstration*;
- Estimated enrollment, trends, and expenditures for Medicaid consumers under the Medicaid long-term services and supports program and the

hypothetical enrollment, trends, and expenditures for consumers in the OPI and FCS programs *with the Demonstration*; and

- Budget neutrality summary of the costs *with and without the Demonstration*.

The other data shows the projected reduction in the rate of increase of the state's Medicaid LTSS caseload, comparing the projected rolling-month number of consumers from CY2022-2026 without the Demonstration, and the reduction in this projection for the five-year projection of consumers with the Demonstration in place.

To finance the non-federal share of the Demonstration, Oregon intends to use a proportion of state general fund dedicated to the OPI program, while Oregon intends to use state matching funds in the 2021-2023 Legislatively Adopted Budget for the FCAP. The federal match rates for services will be at the state's FMAP rate of match. The staffing for the programs, to be shared by the state and local AAAs, will be at 50 percent of Medicaid administration match.

Section VII: List of proposed Waiver and Expenditure Authorities

At a minimum, the State requests the following waiver authorities:

Waiver Authority	Use for Waiver	Reason for Waiver Request
Section 1902(a)(10)(B)	Authority to vary the amount, duration, and scope of benefits for individuals participating in Oregon Project Independence and the Family Caregiver Assistance Program.	Individuals in the at-risk for Medicaid group will have access to a limited set of benefits that are less than individuals who receive Medicaid long-term services and supports.
Section 1902(a)(17)	Authority to apply a more liberal income and resource standard for individuals determined at risk for future entry	The State will establish a new eligibility category for individuals who do not currently meet the financial or institutional

Waiver Authority	Use for Waiver	Reason for Waiver Request
	into the Medicaid long-term services and supports system.	level of care eligibility criteria, but who are identified as being at risk for future need for Medicaid long-term services and supports.
Section 1902(a)(17)	Authority to provide the benefit packages of the Oregon Project Independence and Family Caregiver Assistance Program for the at risk for Medicaid group.	Individuals in the at-risk for Medicaid group established under the Demonstration will have access to a more limited set of benefits than individuals who qualify for Medicaid-funded long-term services and supports.

In addition, the State requests the following expenditure authorities:

Waiver Authority	Use for Waiver	Reason for Waiver Request
<u>Section 1903</u>	Authority to receive federal matching dollars for services provided to the at-risk for Medicaid group.	This expenditure authority will allow the State to receive federal matching payments for services delivered to the at-risk for Medicaid population.

Section VIII: Public Notice and Tribal Consultation

Background and Context:

In the 2019 Legislative Session, a bill to pursue federal matching funds for a family caregiver respite program was introduced. Although the bill did not pass, the Legislature directed the Oregon Department of Human Services, in concert with the Oregon Health Authority, to form an advisory committee to explore the possibility for federal matching funds for Oregon Project Independence and a family caregiver support program.

In the fall of 2019, APD staff initially researched potential mechanisms for federal matching funds through the Centers for Medicare and Medicaid Services (CMS). Staff also examined other state programs with concepts similar to those identified in the budget note. Staff found similar programs in Washington State, which used CMS's 1115 Model Demonstration Waiver as a mechanism to obtain federal matching funds.

OPI and FCAP have the potential to meet these aims by providing a lower level of services to individuals who have not yet entered Medicaid long-term services and supports. Oregon's waiver would be able to demonstrate consumers served could maintain their independence while preventing or delaying their entry into more expensive, higher level services and supports in the Medicaid system.

Advisory Committee Recommendations:

In January 2020, APD recruited and convened an advisory committee composed of 23 members. Members included consumers, representatives from consumer advocacy groups, Area Agencies on Aging (AAAs), consumer advisory committees, and providers. The advisory committee met three times and discussed APD-initiated proposals on program eligibility criteria and service packages, as well as other elements of an 1115 Demonstration Waiver, such as program administration and qualified providers.

The group agreed to a set of principles in conducting its work of recommending a program design and benefit package. These principles included:

- Honoring the values of the consumer's independence, choice, and dignity that is the cornerstone of the aging and disability policy of the state;
- Ensuring both older adults and younger people with physical disabilities have access to these services; and

- Using federal funds to build upon – rather than to undo – the existing OPI and family caregiver respite programs in the state.

The committee suspended meetings in March 2020 while responding to the COVID-19 outbreak, yet met again virtually on June 26, 2020, to consider and agree to the basic structure of the programs in the department’s application to CMS.

Since the committee’s recommendation, APD filed the final report to the Legislature in December 2020 in preparation for the 2021 Legislative Session. During the legislative session, APD received strong support to pursue an 1115 demonstration waiver to expand OPI and create the FCAP.

Note: revisions on this section if the application is revised after the Legislatively Adopted Budget is determined.

Note: What follows are plans for public notice and suggested space for Tribal Consultation in the future.

Tribal Consultation:

In accordance with 42 CFR 431.408(b), the State notified the Tribes, urban Indian Health Organizations, and other Tribal parties of its intent to pursue a Section 1115 waiver Demonstration and request a date for a formal Tribal Consultation on June 10, 2021. In addition, the State has received input from APD funded Tribal Navigators who serve as a liaison between tribal members and APD local offices.

Public Comment Period:

The Oregon Department of Human Services, in coordination with the Oregon Health Authority, intends to take several steps and activities for the public comment period. The intent is to have a 30-day public comment period beginning July 15, 2021.

Public Notice:

The State will provide public notices about the Demonstration as follows:

- The full public notice will be posted on the State’s website;
- The Oregon Health Authority will provide hard copies of the draft Demonstration application for public review, upon request;
- An abbreviated public notice will be published in the two Oregon newspapers with the largest circulation;

- The abbreviated public notice will be emailed to the NewsFlash distribution list;
- The State will email the abbreviated public notice to its stakeholder email list, with a link to the full draft Demonstration application;
- Hard copies will be posted at, and available, at the 52 local offices that serve seniors and people with disabilities;
- Notice will be posted on all APD social media sites; and
- The State will establish an email inbox to receive all public comment on the draft Demonstration application.

Public Hearings:

The State will hold two public hearings for the Demonstration application, which will include participation by Zoom or by phone.

Other Meetings and Outreach:

The State will schedule opportunities for feedback with the following stakeholder groups:

- Oregon Disabilities Commission
- Governor’s Commission on Senior Services
- Oregon Home Care Commission

The State will send materials and offer opportunities for feedback with the following stakeholder groups and community organizations:

- Tribal Navigators
- AARP Oregon
- Oregon Association of Area Agencies on Aging and Disabilities
- Oregon Health Care Association
- Association of Oregon Centers for Independent Living
- LeadingAge Oregon
- Long Term Care Ombudsman
- Service Employees International Union
- Oregon Law Center
- Disability Rights Oregon
- Coalition of Communities of Color

OREGON Project Independence and Family Caregivers Assistance Program
1115 Demonstration Waiver Application

- Oregon Latino Health Coalition
- SAGE Portland
- Additional organizations identified by stakeholders

Section IX:

PLACEHOLDER

Contact information for State point of contact for the Oregon Health Authority.

Appendix A: Oregon's Service Priority Level System

Service Priority Levels: [OAR 411-015-0010](#)

**411-015-0010 Priority of Paid Services
 Service Eligibility Levels – Effective 10/1/17**

1	Requires Full Assist in Mobility (Ambulation <u>or</u> Transfer); & Eating; & Elimination; & Cognition (Need 1 Full Assist <u>or</u> 2 Substantial Assist)
2	Requires Full Assist in Mobility (Ambulation <u>or</u> Transfer); & Eating; & Cognition (Need 1 Full Assist <u>or</u> 2 Substantial Assist)
3	Requires Full Assist in Mobility (Ambulation <u>or</u> Transfer); or Eating; or Cognition (Need 1 Full Assist <u>or</u> 2 Substantial Assist)
4	Requires Full Assist in Elimination
5	Requires Substantial Assist in Mobility (Ambulation <u>inside or</u> Transfer); & Assist with Eating; & Assist with Elimination (Toileting <u>or</u> Bowel <u>or</u> Bladder)
6	Requires Substantial Assist with Mobility (Ambulation <u>inside or</u> Transfer); & Assist with Eating
7	Requires Substantial Assist with Mobility (Ambulation <u>inside or</u> Transfer); & Assist with Elimination (Toileting <u>or</u> Bowel <u>or</u> Bladder)
8	Requires Minimal Assist in Mobility (Ambulation only); & Assist with Eating; & Assist with Elimination (Toileting <u>or</u> Bowel <u>or</u> Bladder)
9	Requires Assist with Eating & Elimination (Toileting <u>or</u> Bowel <u>or</u> Bladder)
10	Requires Substantial Assist with Mobility (Ambulation <u>inside or</u> Transfer)
11	Requires Minimal Assist in Mobility (Ambulation only); & Assist with Elimination (Toileting <u>or</u> Bowel <u>or</u> Bladder)
12	Requires Minimal Assist in Mobility (Ambulation only); & Assist with Eating
13	Requires Assist with Elimination (Toileting <u>or</u> Bowel <u>or</u> Bladder) (13 is current cutoff for Medicaid)

OREGON Project Independence and Family Caregivers Assistance Program
1115 Demonstration Waiver Application

14	Requires Assist with Eating
15	Requires Minimal Assist in Mobility (Ambulation only)
16	Requires Full Assist in Bathing; or Dressing
17	Requires Assist in Bathing; or Assist with Dressing; or Full Assist with Grooming or Full Assist with Personal Hygiene
18	Independent SPL 1-17 & Requires structured living for supervision for complex medical problems or a Complex medication regimen