DEPARTMENT OF HUMAN SERVICES
AGING AND PEOPLE WITH DISABILITIES
OREGON ADMINISTRATIVE RULES

CHAPTER 411
DIVISION 1

MEDICAID LONG TERM CARE QUALITY AND REIMBURSEMENT ADVISORY COUNCIL

Table of Contents

411-001-0100 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Purpose 1

411-001-0110 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Definitions 1

411-001-0115 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Council Administration 2

411-001-0118 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Council Scope 2

411-001-0120 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Council Operation 3

DEPARTMENT OF HUMAN SERVICES
AGING AND PEOPLE WITH DISABILITIES
OREGON ADMINISTRATIVE RULES

CHAPTER 411
DIVISION 1

MEDICAID LONG TERM CARE QUALITY AND REIMBURSEMENT ADVISORY COUNCIL

411-001-0100 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Purpose
(Amended 1/1/2014)

(1) The purpose of the rules in OAR chapter 411, division 001 is to establish procedures for the operation of the Medicaid Long Term Care Quality and Reimbursement Advisory Council (Council).

(2) The Council was established by the 1995 Legislative Assembly and consists of 12 stakeholders including the Long Term Care Ombudsman, consumers, advocates, and providers. Council appointments are made by the Governor, the President of the Senate, the Speaker of the House, the Governor's Commission on Senior Services, and the Oregon Disabilities Commission as described in ORS 410.550.

(3) The Council is directed to advise the Department of Human Services or the Oregon Health Authority on changes or modifications to the Medicaid reimbursement system and the adverse and positive effects of the changes or modifications on the quality of long term care and community-based services and reimbursement for long term care and community-based services.

Stat. Auth.: ORS 410.070, 410.555
Stats. Implemented: ORS 410.550 - 410.555

411-001-0110 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Definitions
(Amended 1/1/2014)

(1) "Authority" means the Oregon Health Authority.

(2) "Council" means the Medicaid Long Term Care Quality and Reimbursement Advisory Council.

(3) "Department" means the Department of Human Services.

(4) "Medicaid Reimbursement System" means the method or methodology associated with reimbursing providers of long term care and community-based services under the Department. The Medicaid reimbursement system does not include rates established by collective bargaining, rates established by actuarial calculations, or rate increases that have been approved and funded by the Legislature.

(5) "Quality" means the degree to which long term care systems, services, and supplies for individuals and populations increase the likelihood of positive outcomes.

(6) "These Rules" mean the rules in OAR chapter 411, division 001.

Stat. Auth.: ORS 410.070, 410.555
Stats. Implemented: ORS 410.550 - 410.555

411-001-0115 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Council Administration
(Adopted 1/1/2010)

Council By-Laws supplement ORS 410.550 to 410.555 and these rules.

Stat. Auth.: ORS 410.070, 410.555
Stats. Implemented: ORS 410.550 - 410.555

411-001-0118 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Council Scope
(Amended 1/1/2014)

(1) At the beginning of each legislative session, the Council shall review the Governor's Recommended Budget for the Department. The Council may submit a recommendation in support or opposition of the Governor's Recommended Budget.

(2) The Department or Authority shall submit any proposed change or modification to the Medicaid reimbursement system to the Council for the Council's review and recommendation.

(3) Upon review of any proposed change or modification under section (2) of this rule, the Council shall issue a written advisory recommendation to the Department or Authority as described in OAR 411-001-0120.

(4) Prior to implementing any change or modification to the Medicaid reimbursement system, the Department or Authority shall submit the Council's written recommendation to the Legislative Assembly or to the Emergency Board if the Legislative Assembly is not in session.

(5) If the Council has a disagreement with any change or modification to the Medicaid reimbursement system, the Department or Authority shall obtain the approval of the Legislative Assembly or the Emergency Board if the Legislative Assembly is not in session, before instituting the proposed change or modification. A proposed change or modification with an estimated fiscal impact of $100,000 or less is exempt from this provision.

(6) The Department shall inform the Council of all rate changes within the Department's Aging and People with Disabilities Programs, including rates established by collective bargaining, rates established by actuarial calculations, and rate increases that have been approved and funded by the Legislature.

(7) The Council may review the Department's strategic initiatives in order to assess the likelihood of increased quality for individuals served by the Department.

Stat. Auth.: ORS 410.070, 410.555
Stats. Implemented: ORS 410.550 - 410.555

411-001-0120 Medicaid Long-Term Care Quality and Reimbursement Advisory Council - Council Operation
(Amended 09/01/2014)

(1) Within 60 calendar days after receipt from the Department or Authority of any proposed change or modification to the Medicaid reimbursement system, the Council shall issue a written advisory recommendation to the

Department or Authority. The 60-day period begins the day following delivery to the chairperson of the Council if a proposed change or modification is faxed, hand-delivered, or e-mailed. Otherwise, the 60-day period begins the third day after the date of mailing first class.

(2) A written advisory recommendation issued by the Council must state:

(a) Whether the Council supports or opposes the proposed change or modification;

(b) Whether the Council concludes that the proposed change or modification shall have an adverse or positive effect on the quality of long term care and community-based services provided under the Oregon Medicaid program; and

(c) The basis for the Council's recommendation, which must include:

(A) The reason for the Council's position;

(B) A list of the principal documents, reports, or studies, if any, relied upon in considering the proposed change or modification; and

(C) Other information deemed appropriate by the Council.

(3) Timeline for written recommendation.

(a) Notwithstanding section (1) of this rule, the Department or Authority may shorten the time within which the Council must issue a written recommendation if the Department or Authority decides to adopt a proposed change or modification by temporary rule and if the Department or Authority prepares a written statement in which the Department or Authority:

(A) Finds that failure to make proposed changes or modifications promptly is likely to result in serious prejudice to the public interest or to the interests of individuals receiving Department or Authority services, providers of long term care or community-based services, or other affected parties;

(B) Specifies reasons why the Department or Authority's failure to act promptly is likely to result in serious prejudice to those interests;

(C) States the need for the proposed change or modification and how the change or modification is intended to meet the need;

(D) Lists the principal documents, reports, or studies, if any, prepared or relied upon by the Department or Authority in evaluating the need for the proposed change or modification; and

(E) Cites the legal authority relied upon and bearing upon the adoption, amendment, or suspension of the rule if the proposed change or modification is to be made by administrative rule.

(b) However, the Department or Authority may not shorten the time for written recommendation to less than five business days.

(4) If the Department or Authority intends to adopt an administrative rule that directly or indirectly proposes a change or modification to the Medicaid reimbursement system, the Department or Authority may not proceed with notice requirements provided for in ORS 183.335 until the Department or Authority has received the Council's written recommendation as described in section (2) or (3) of this rule.

Stat. Auth.: ORS 410.070, 410.555
Stats. Implemented: ORS 410.550 - 410.555