Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: 21-0013

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **21-0013**

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
1/1/22

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(i) of the Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2022 $ 2,283,928
b. FFY ~~2022~~ 2023 $ 2,512,321 (P&I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 2.2-A, page 28-29~~ (P&I)
Attachment 3.1-I, page 1 thru ~~71~~ 75 (P&I)
Attachment 4.19-B, page 12-13(P&I), page 43 thru 49

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Supplement 4 to Attachment 3.1-A, page 1 thru 72
Attachment 4.19-B, page 12-13

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to renew the 1915(i) State Plan for another 5-year period.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME Lori Coyner, MA

14. TITLE: State Medicaid Director, OHA

15. DATE SUBMITTED: 6/30/21

16. RETURN TO:
Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/30/21

18. DATE APPROVED: 12/23/2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2022

20. SIGNATURE OF REGIONAL OFFICIAL: George P. Failla Jr -S [redacted]

21. TYPED NAME: George P. Failla, Jr.

22. TITLE: Division Director HCBS Operations and Oversight

23. REMARKS:
12/8/21: State authorized P&I change to box 8
12/13/21: State authorized P&I change to box 7 and 8

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

Medicaid and CHIP Operations Group

December 23, 2021

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

RE: SPA Oregon-21-0013 §1915(i) home and community-based services (HCBS) state plan benefit renewal

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's 1915(i) state plan home and community-based services (HCBS) state plan amendment (SPA), transmittal number OR-21-0013. The purpose of this amendment is to renew Oregon's 1915(i) State Plan HCBS benefit. The effective date for this renewal is January 1, 2022. Enclosed is a copy of the approved SPA.

Since the state has elected to target the population who can receive these §1915(i) State Plan HCBS, CMS approves this SPA for a five-year period expiring December 31, 2026, in accordance with §1915(i)(7) of the Social Security Act. To renew the §1915(i) State Plan HCBS benefit for an additional five-year period, the state must submit a renewal application to CMS at least 180 days prior to the end of the approval period. CMS' approval of a renewal request is contingent upon state adherence to federal requirements and the state meeting its objectives with respect to quality improvement and beneficiary outcomes.

Per 42 CFR §441.745(a)(i), the state will annually provide CMS with the projected number of individuals to be enrolled in the benefit and the actual number of unduplicated individuals enrolled in the §1915(i) State Plan HCBS in the previous year. Additionally, at least 21 months prior to the end of the five-year approval period, the state must submit evidence of the state's quality monitoring in accordance with the Quality Improvement Strategy in their approved SPA. The evidence must include data analysis, findings, remediation, and describe any system improvement for each of the §1915(i) requirements.

The state has identified its intent to use money realized from section 9817 of the American Rescue Plan (ARP). Approval of this action does not constitute approval of the state's spending plan. The state must have an approved spending plan to use the money realized from section 9817 of the ARP.

It is important to note that CMS' approval of this 1915(i) HCBS state plan benefit renewal solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Carshena Harvin at Carshena.Harvin@cms.hhs.gov or (206) 615-2400.

Sincerely,

George P. Failla Jr -S [redacted]

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

Enclosure

cc:
Dana Hittle, OHA
Chris Pascual, OHA
Ryan Shanahan, CMS
James Moreth, CMS
Nikki Lemmon, CMS
Bill Vehrs, CMS

§1915(i) State plan HCBS
State/Territory: Oregon

Administration and Operation

The State implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit for elderly and disabled individuals as set forth below.

1. **Services.** *(Specify the state's service title(s) for the HCBS defined under "Services" and listed in Attachment 4.19-B):*

Community-Based Integrated Supports (CBIS), HCBS Residential Habilitation, HCBS psychosocial Rehabilitation for persons with CMI, HCBS In-home Personal Care, Community Transportation, Home-Delivered Meals, Housing Support Services, Transition Services, and Pest Eradication Services.

2. **Concurrent Operation with Other Programs.** (*Indicate whether this benefit will operate concurrently with another Medicaid authority*): ***Select one*:**

○	**Not applicable**
●	**Applicable**
	Check the applicable authority or authorities:
☐	**Services furnished under the provisions of §1915(a)(1)(a) of the Act**. The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may *voluntarily* elect to receive *waiver* and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. *Specify:* *(a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);* *(b) the geographic areas served by these plans;* *(c) the specific 1915(i) State plan HCBS furnished by these plans;* *(d) how payments are made to the health plans; and* *(e) whether the1915(a) contract has been submitted or previously approved*
☐	**Waiver(s) authorized under §1915(b) of the Act**. *Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:*

	Specify the §1915(b) authorities under which this program operates (*check each that applies*):			
	☐	§1915(b)(1) (mandated enrollment to managed care)	☐	§1915(b)(3) (employ cost savings to furnish additional services)
	☐	§1915(b)(2) (central broker)	☐	§1915(b)(4) (selective contracting/limit number of providers)
☐	☐	**A program operated under §1932(a) of the Act.** *Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:*		
	☑	**A program authorized under §1115 of the Act.** *Specify the program*:		
		Oregon Health Plan		

3. State Medicaid Agency (SMA) Line of Authority for Operating the State plan HCBS Benefit. *(Select one)*:

●	The State plan HCBS benefit is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program *(select one)*:		
	●	The Medical Assistance Unit *(name of unit)*:	Health Systems Division
	○	Another division/unit within the SMA that is separate from the Medical Assistance Unit *(name of division/unit)* *This includes administrations/divisions under the umbrella agency that have been identified as the Single State Medicaid Agency.*	
○	The State plan HCBS benefit is operated by *(name of agency)*		
	a separate agency of the State that is not a division/unit of the Medicaid agency. In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the State plan HCBS benefit and issues policies, rules and regulations related to the State plan HCBS benefit. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this delegation of authority is available through the Medicaid agency to CMS upon request.		

§1915(i) State plan HCBS
State/Territory: Oregon

4. Distribution of State plan HCBS Operational and Administrative Functions.

☑ *(By checking this box the State assures that):* When the Medicaid agency does not directly conduct an administrative function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. When a function is performed by an agency/entity other than the Medicaid agency, the agency/entity performing that function does not substitute its own judgment for that of the Medicaid agency with respect to the application of policies, rules and regulations. Furthermore, the Medicaid Agency assures that it maintains accountability for the performance of any operational, contractual, or local regional entities. In the following table, specify the entity or entities that have responsibility for conducting each of the operational and administrative functions listed (*check each that applies*):

(*Check all agencies and/or entities that perform each function*):

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
1 Individual State plan HCBS enrollment	☑	☐	☐	☐
2 Eligibility evaluation	☑	☑	☐	☐
3 Review of participant service plans	☑	☐	☑	☐
4 Prior authorization of State plan HCBS	☑	☐	☑	☐
5 Utilization management	☑	☐	☑	☐
6 Qualified provider enrollment	☑	☐	☐	☐
7 Execution of Medicaid provider agreement	☑	☐	☐	☐
8 Establishment of a consistent rate methodology for each State plan HCBS	☑	☐	☐	☐
9 Rules, policies, procedures, and information development governing the State plan HCBS benefit	☑	☐	☐	☐
10 Quality assurance and quality improvement activities	☑	☐	☑	☐

§1915(i) State plan HCBS
State/Territory: Oregon

(Specify, as numbered above, the agencies/entities (other than the SMA) that perform each function):

Other State Operating Agency is the Oregon Department of Human Services, Aging and People with Disabilities Division who determine non- MAGI Medicaid eligibility as a part of its operational function.

Contracted Entity is an Independent and Qualified Agent (IQA) reviews participant service plans, prior authorizes HCBS services, conducts medical appropriateness review (utilization management) and quality assurance and quality improvement activities. The IQA also performs need based assessment, performs transition management and planning for individuals moving between home and community-based settings.

(By checking the following boxes the State assures that):

5. ☑ **Conflict of Interest Standards.** The State assures the independence of persons performing evaluations, assessments, and plans of care. Written conflict of interest standards ensure, at a minimum, that persons performing these functions are not:
   - related by blood or marriage to the individual, or any paid caregiver of the individual
   - financially responsible for the individual
   - empowered to make financial or health-related decisions on behalf of the individual
   - providers of State plan HCBS for the individual, or those who have interest in or are employed by a provider of State plan HCBS; except, at the option of the State, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified provider in a geographic area, and the State devises conflict of interest protections. *(If the State chooses this option, specify the conflict of interest protections the State will implement):*

6. ☑**Fair Hearings and Appeals.** The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

7. ☑**No FFP for Room and Board.** The State has methodology to prevent claims for Federal financial participation for room and board in State plan HCBS.

8. ☑ **Non-duplication of services.** State plan HCBS will not be provided to an individual at the same time as another service that is the same in nature and scope regardless of source, including Federal, State, local, and private entities. For habilitation services, the State includes within the record of each individual an explanation that these services do not include special education and related services defined in the Individuals with Disabilities Improvement Act of 2004 that otherwise are available to the individual through a local education agency, or vocational rehabilitation services that otherwise are available to the individual through a program funded under §110 of the Rehabilitation Act of 1973.

Number Served

1. **Projected Number of Unduplicated Individuals To Be Served Annually.**
(Specify for year one. Years 2-5 optional):

Annual Period	From	To	Projected Number of Participants
Year 1	1/1/22	12/31/22	2323
Year 2	1/1/23	12/31/23	2556
Year 3	1/1/24	12/31/24	2811
Year 4	1/1/25	12/31/25	3092
Year 5	1/1/26	12/31/26	3401

2. ☑**Annual Reporting.** *(By checking this box the State agrees to):* annually report the actual number of unduplicated individuals served and the estimated number of individuals for the following year.

§1915(i) State plan HCBS
State/Territory: Oregon

Financial Eligibility

1. ☑ **Medicaid Eligible. .** *(By checking this box the state assures that):* Individuals receiving State plan HCBS are included in an eligibility group that is covered under the State's Medicaid Plan and have income that does not exceed 150% of the Federal Poverty Line (FPL). (This election does not include the optional categorically needy eligibility group specified at §1902(a)(10)(A)(ii)(XXII) of the Social Security Act. States that want to adopt the §1902(a)(10)(A)(ii)(XXII) eligibility category make the election in Attachment 2.2-A of the state Medicaid plan.)

2. **Medically Needy.** *(Select one):*

☑ The State does not provide State plan HCBS to the medically needy.
☐ The State provides State plan HCBS to the medically needy. (*Select one*):
☐ The state elects to disregard the requirements section of 1902(a)(10)(C)(i)(III) of the Social Security Act relating to community income and resource rules for the medically needy. When a state makes this election, medically needy individuals receive only 1915(i) services. ☐ The state does not elect to disregard the requirements at section 1902(a)(10)(C)(i)(III) of the Social Security Act.

Evaluation/Reevaluation of Eligibility

1. **Responsibility for Performing Evaluations / Reevaluations.** Eligibility for the State plan HCBS benefit must be determined through an independent evaluation of each individual). Independent evaluations/reevaluations to determine whether applicants are eligible for the State plan HCBS benefit are performed (*Select one*):

●	Directly by the Medicaid agency
○	By Other (*specify State agency or entity with contract with the State Medicaid agency*):

§1915(i) State plan HCBS
State/Territory: Oregon

Evaluation/Reevaluation of Eligibility

2. Qualifications of Individuals Performing Evaluation/Reevaluation. The independent evaluation is performed by an agent that is independent and qualified. There are qualifications (that are reasonably related to performing evaluations) for the individual responsible for evaluation/reevaluation of needs-based eligibility for State plan HCBS. *(Specify qualifications)*

Needs based evaluations are conducted by staff who meet the requirements of a Qualified Mental Health Professional.

Qualifications for a **QMHP** are:

- Graduate degree in psychology;
- Bachelor's degree in nursing and be licensed by the State of Oregon. Nurses are accountable to abide by the Oregon Nurse Practice Act to determine if job descriptions are compliant with the competencies listed above;
- Graduate degree in social work;
- Graduate degree in a behavioral science field;
- Graduate degree in recreational, art, or music therapy; OR
- Bachelor's degree in occupational therapy and be licensed by the State of Oregon; AND

Education and experience which demonstrates the competencies to review the outcomes of an assessment including identify precipitating events, to include health and safety to self or others; gather histories of mental and physical disabilities, substance use, past mental health services and criminal justice contacts; assess family, cultural, social and work relationships; conduct a mental status examination; document a multi-axial DSM diagnosis; develop a safety plan; and provide individual, family, and/or group therapy within the scope of their training.

§1915(i) State plan HCBS
State/Territory: Oregon

3. Process for Performing Evaluation/Reevaluation. Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

The IQA receives requests for eligibility determinations for individuals who are potentially eligible for 1915(i) HCBS services from a referrer.

IQA conducts an in-person assessment/reassessment with the individual, the individuals authorized or legal representative or guardian, if applicable, and in consultation with any other persons identified by the individual, such as, but not limited to, the spouses, family, friends, providers, and treating and consulting health and support professionals responsible for the individuals care to determine if an individual is eligible for 1915(i) HCBS services based on the diagnostic and needs-based criteria.
The tools utilized identify the individual's service and support needs are the Level of Care Utilization System (LOCUS) and the Level of Service Inquiry (LSI). Completion of these tools, along with the IQA's review and consideration of all pertinent and necessary information, and consultation with the parties identified above result in the IQA's development of the individual's person-centered service plan.

3. Process for Performing Evaluation/Reevaluation. (Cont)

The IQA provides necessary information in plain language in a manner accessible to individuals with disabilities and persons whose English proficiency is limited. Cultural factors must be considered and accommodated.

Reassessments, using the methodology described above, are conducted no less frequently than annually, when the individual requests a reassessment, or when the individual's needs have significantly changed.

OHA conducts eligibility evaluations/re-evaluations. The process is that the IQA conducts the assessment, OHA staff conducts the needs-based evaluation using information from the IQA assessment and determines eligibility. The outcome of the needs-based evaluation is input into MMIS. MMIS generates the notice to the individual, OHA informs the IQA of eligibility and then IQA follows up with person-centered planning process for eligible individuals.

4. ☑ **Reevaluation Schedule**. *(By checking this box the state assures that):* Needs-based eligibility reevaluations are conducted at least every twelve months.

5. ☑ **Needs-based HCBS Eligibility Criteria.** *(By checking this box the State assures that):* Needs-based criteria are used to evaluate and reevaluate whether an individual is eligible for State plan HCBS.

The criteria take into account the individual's support needs, and may include other risk factors: *(Specify the needs-based criteria):*

The individual has a need for assistance in two areas of Instrumental Activities of Daily Living (IADL) due to the symptoms of a behavioral health condition. IADLs include, but are not limited to, housekeeping including laundry, shopping, transportation, medication management, and meal preparation. Assistance is defined as hands-on, supervision, and/or cueing.

§1915(i) State plan HCBS
State/Territory: Oregon

6. ☑ **Needs-based Institutional and Waiver Criteria.** *(By checking this box the State assures that):* There are needs-based criteria for receipt of institutional services and participation in certain waivers that are more stringent than the criteria above for receipt of State plan HCBS. If the State has revised institutional level of care to reflect more stringent needs-based criteria, individuals receiving institutional services and participating in certain waivers on the date that more stringent criteria become effective are exempt from the new criteria until such time as they no longer require that level of care. *(Complete chart below to summarize the needs-based criteria for State Plan HCBS and corresponding more-stringent criteria for each of the following institutions):*

Needs-Based/Level of Care (LOC) Criteria

State plan HCBS needs-based eligibility criteria	NF (& NF LOC waivers)	ICF/IID (& ICF/IID LOC waivers)	Applicable Hospital* LOC (& Hospital LOC waivers)
The person has a need for assistance in two areas of Instrumental Activities of Daily Living (IADL) due to the symptoms of a behavioral health condition. IADLs include, but are not limited to, housekeeping including laundry, shopping, transportation, medication management, and meal preparation. Assistance is defined as hands-on, supervision, and/or cueing.	For adults served under the Aging and Physical Disabilities Waiver, which requires NF LOC, be assessed as meeting at least one of the following priority levels as defined in OAR 411-015-0010: (1) Requires Full Assistance in Mobility, Eating, Elimination, and Cognition. (2) Requires Full Assistance in Mobility, Eating, and Cognition. (3) Requires Full Assistance in Mobility, or Cognition, or Eating. (4) Requires Full Assistance in Elimination (5) Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating.	1. The individual has a history of an intellectual disability or a developmental disability as defined below: "Developmental disability" means a disability that originates in childhood, that is likely to continue and significantly impacts adaptive behavior as diagnosed and measured by a qualified professional. Developmental Disabilities include intellectual disability, autism, cerebral palsy, epilepsy, or other neurological disabling condition that require training or support similar to that required by individuals with mental retardation, and the disability:	**Criteria for Long Term Psychiatric Inpatient Care** • Primary DSM Diagnosis is severe psychiatric disorder; • Documented need for 24-hour hospital level medical supervision; and • At least one of the following conditions are met: ○ A need for extended (more than 21 days) regulation of Medications due to significant complications arising from severe side effects of Medications. ○ Need for continued treatment with electroconvulsive therapy where an extended (more than 21 days).

§1915(i) State plan HCBS
State/Territory: Oregon

Needs-Based/Level of Care (LOC) Criteria (Cont)

State plan HCBS needs-based eligibility criteria	NF (& NF LOC waivers)	ICF/IID (& ICF/IID LOC waivers)	Applicable Hospital* LOC (& Hospital LOC waivers)
	(6) Requires Substantial Assistance with Mobility and Assistance with Eating. (7) Requires Substantial Assistance with Mobility and Assistance with Elimination. (8) Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination. (9) Requires Assistance with Eating and Elimination. (10) Requires Substantial Assistance with Mobility. (11) Requires Minimal Assistance with Mobility and Assistance with Elimination. (12) Requires Minimal Assistance with Mobility and Assistance with Eating. (13) Requires Assistance with Elimination.	○ Originates before the individual attains the age of 22 years, except that in the case of intellectual disability, the condition must be manifested before the age of 18; and Originates in and directly effects the brain and has continued, or can be expected to continue, indefinitely; and ○ Constitutes a significant impairment in adaptive behavior as diagnosed and measured by a qualified professional as described in OAR 411-320-0080; and ○ The condition or impairment must not be primarily attributed to mental or emotional disorders, sensory impairments, substance abuse, personality disorder,	○ Inpatient environment is indicated and the inappropriateness of a short-term or less restrictive treatment program is documented in the Clinical Record. ○ Continued actual danger to self, others or property that is manifested by at least one of the following: ▪ The OHP Member has continued to make suicide attempts or substantial (life-threatening) suicidal gestures or has expressed continuous and substantial suicidal planning or substantial ongoing threats. ▪ The OHP Member has continued to show evidence of danger to others as demonstrated by continued violent acts to person or imminent plans to harm another person.

§1915(i) State plan HCBS
State/Territory: Oregon

Needs-Based/Level of Care (LOC) Criteria (Cont)

State plan HCBS needs-based eligibility criteria	NF (& NF LOC waivers)	ICF/IID (& ICF/IID LOC waivers)	Applicable Hospital* LOC (& Hospital LOC waivers)
		learning disability or Attention Deficit Hyperactivity Disorder (ADHD). OAR 411-320-0020 or; ○ Constitutes a "Intellectual Disability" significantly sub-average general intellectual functioning defined as full scale intelligence quotients (IQs) 70 and under as measured by a qualified professional and existing concurrently with significant impairment in adaptive behavior directly related to an intellectual disability as described in OAR 411-320-0080 that is manifested during the developmental period prior to 18 years of age. Individuals with a valid full-scale IQ of 71-75 may be	▪ The OHP Member has continued to show evidence of severe inability to care for basic needs but has potential for significant improvement with treatment. ▪ Failure of intensive extended care services evidenced by documentation in the Clinical Record of: ➢ An intensification of symptoms and/or behavior management problems beyond the capacity of the extended care service to manage within its programs; and ➢ Multiple attempts to manage symptom intensification or behavior management problems within the local Acute Inpatient Hospital Psychiatric Care unit. ➢ Has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure.

*Long Term Care/Chronic Care Hospital

Needs-Based/Level of Care (LOC) Criteria (Cont)

State plan HCBS needs-based eligibility criteria	NF (& NF LOC waivers)	ICF/IID (& ICF/IID LOC waivers)	Applicable Hospital* LOC (& Hospital LOC waivers)
		considered to have an intellectual disability if there is also significant impairment in adaptive behavior as diagnosed and measured by a licensed clinical or school psychologist as described in OAR 411-320-0080. AND 2. The individual has a significant impairment in one or more areas of adaptive behavior as defined in OAR 411-320-0020(3): (3) Adaptive Behavior" means the degree to which an individual meets the standards of personal independence and social responsibility expected for age and culture group. Other terms used to describe adaptive behavior include, but are not limited to, adaptive impairment, ability to function, daily living skills, and adaptive functioning.	.

*Long Term Care/Chronic Care Hospital

Needs-Based/Level of Care (LOC) Criteria

State plan HCBS needs-based eligibility criteria	NF (& NF LOC waivers)	ICF/IID (& ICF/IID LOC waivers)	Applicable Hospital* LOC (& Hospital LOC waivers)
		Adaptive behaviors are everyday living skills including, but not limited to, walking (mobility), talking (communication), getting dressed or toileting (self-care), going to school or work (community use), and making choices (self-direction). e) "Significant impairment" in adaptive behavior means: (A) A composite score of at least two standard deviations below the norm; (B) Two or more domain scores as identified in subsection (b) of this section are at least two standard deviations below the norm; or (C) Two or more skilled areas as identified in subsection (d) of this section are at least two standard deviations below the norm.	

§1915(i) HCBS State plan Services
State/Territory: Oregon

7. ☑ **Target Group(s).** The state elects to target this 1915(i) State plan HCBS benefit to a specific population based on age, disability, diagnosis, and/or eligibility group. With this election, the state will operate this program for a period of 5 years. At least 90 days prior to the end of this 5 year period, the state may request CMS renewal of this benefit for additional 5-year terms in accordance with 1915(i)(7)(C) and 42 CFR 441.710(e)(2). (*Specify target group(s)*):

Persons who are twenty-one years of age or older with a chronic mental illness.

Pursuant to ORS 426.495 and Oregon Administrative Rule 309-019-0225, a person with a chronic mental illness means an individual who is diagnosed by a psychiatrist, a licensed clinical psychologist, a licensed independent practitioner as defined in ORS 426.005 or a nonmedical examiner certified by the Oregon Health Authority or the Oregon Department of Human Services as having chronic schizophrenia, a chronic major affective disorder, a chronic paranoid disorder or another chronic psychotic mental disorder other than those caused by substance abuse.

☐ **Option for Phase-in of Services and Eligibility.** If the state elects to target this 1915(i) State plan HCBS benefit, it may limit the enrollment of individuals or the provision of services to enrolled individuals in accordance with 1915(i)(7)(B)(ii) and 42 CFR 441.745(a)(2)(ii) based upon criteria described in a phase-in plan, subject to CMS approval. At a minimum, the phase-in plan must describe: (1) the criteria used to limit enrollment or service delivery; (2) the rationale for phasing-in services and/or eligibility; and (3) timelines and benchmarks to ensure that the benefit is available statewide to all eligible individuals within the initial 5-year approval. (Specify the phase-in plan):

8. ☑ **Adjustment Authority**. The State will notify CMS and the public at least 60 days before exercising the option to modify needs-based eligibility criteria in accord with 1915(i)(1)(D)(ii).

9. **Reasonable Indication of Need for Services.** In order for an individual to be determined to need the 1915(i) State plan HCBS benefit, an individual must require: (a) the provision of at least one 1915(i) service, as documented in the person-centered service plan, and (b) the provision of 1915(i) services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the person-centered service plan. Specify the state's policies concerning the reasonable indication of the need for 1915(i) State plan HCBS:

i.	**Minimum number of services**. The minimum number of 1915(i) State plan services (one or more) that an individual must require in order to be determined to need the 1915(i) State plan HCBS benefit is: 1	
ii.	**Frequency of services**. The state requires (select one):	
	●	**The provision of 1915(i) services at least monthly**
	○	**Monthly monitoring of the individual when services are furnished on a less than monthly basis** If the state also requires a minimum frequency for the provision of 1915(i) services other than monthly (e.g., quarterly), specify the frequency:

Home and Community-Based Settings

(By checking the following box the State assures that):

1. ☑ **Home and Community-Based Settings.** The State plan HCBS benefit will be furnished to individuals who reside and receive HCBS in their home or in the community, not in an institution. (*Explain how residential and non-residential settings in this SPA comply with Federal home and community-based settings requirements at 42 CFR 441.710(a)(1)-(2) and associated CMS guidance. Include a description of the settings where individuals will reside and where individuals will receive HCBS, and how these settings meet the Federal home and community-based settings requirements, at the time of submission and in the future):*

(Note: In the Quality Improvement Strategy (QIS) portion of this SPA, the state will be prompted to include how the state Medicaid agency will monitor to ensure that all settings meet federal home and community-based settings requirements, at the time of this submission and ongoing.)

The state assures that this amendment or renewal will be subject to any provisions or requirements included in the state's most recent and/or approved home and community-based settings Statewide Transition Plan. The state will implement any required changes by the end of the transition period as outlined in the home and community-based settings Statewide Transition Plan.
Provision of CBIS and HCBS Psychosocial Rehabilitation for persons w. CMI, is allowed for eligible individuals who are being temporarily served in an acute care hospital setting in order to enable direct care workers or other home and community-based providers to accompany individuals to acute care hospital setting in accordance with Section 3715 of the CARES Act.

a) These services will be focused on providing personal, behavioral and communication supports not otherwise provided in an acute care hospital;
b) The service will only be delivered in the acute care hospital setting for up to 30 days;
c) The HCBS will be identified in an individual's person-centered service plan ;
d) Provided to meet needs of the individual that are not met through the provision of hospital services;
e) Not a substitute for services that the hospital is obligated to provide; and
f) Designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.

Person-Centered Planning & Service Delivery

(By checking the following boxes the state assures that):

1. ☑ There is an independent assessment of individuals determined to be eligible for the State plan HCBS benefit. The assessment meets federal requirements at 42 CFR §441.720.
2. ☑ Based on the independent assessment, there is a person-centered service plan for each individual determined to be eligible for the State plan HCBS benefit. The person-centered service plan is developed using a person-centered service planning process in accordance with 42 CFR §441.725(a), and the written person-centered service plan meets federal requirements at 42 CFR §441.725(b).
3. ☑ The person-centered service plan is reviewed, and revised upon reassessment of functional need as required under 42 CFR §441.720, at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual.

4. Responsibility for Face-to-Face Assessment of an Individual's Support Needs and Capabilities. There are educational/professional qualifications (that are reasonably related to performing assessments) of the individuals who will be responsible for conducting the independent assessment, including specific training in assessment of individuals with need for HCBS. *(Specify qualifications):*

Staff of the IQA who are Qualified Mental Health Professional (QMHP), conduct in-person assessments of support needs and capabilities of individuals residing in their own home or a community-based setting.

Qualifications for a QMHP are:

Graduate degree in psychology;

Bachelor's degree in nursing and be licensed by the State of Oregon. Nurses are accountable to abide by the Oregon Nurse Practice Act to determine if job descriptions are compliant with the competencies listed above;

Graduate degree in social work;

Graduate degree in a behavioral science field;

Graduate degree in recreational, art, or music therapy; or
Bachelor's degree in occupational therapy and be licensed by the State of Oregon;
AND

Education and experience which demonstrates the competencies to conduct an assessment including identify precipitating events, to include health and safety to self or others; gather histories of mental and physical disabilities, substance use, past mental health services and criminal justice contacts; assess family, cultural, social and work relationships; conduct a mental status examination; complete a DSM diagnosis; develop a safety plan; write and supervise the implementation of a person-centered treatment plan; and provide individual, family, and/or group therapy within the scope of their training.

5. **Responsibility for Development of Person-Centered Service Plan**. There are qualifications (that are reasonably related to developing service plans) for persons responsible for the development of the individualized, person-centered service plan. *(Specify qualifications):*

Staff of the IQA who are Qualified Mental Health Professional (QMHP) develop the person-centered service plans (PCSP). The IQA contractor is not authorized to provide 1915(i) HCBS. Qualifications for a QMHP are:

- Graduate degree in psychology;
- Bachelor's degree in nursing and be licensed by the State of Oregon. Nurses are accountable to abide by the Oregon Nurse Practice Act to determine if job descriptions are compliant with the competencies listed above;
- Graduate degree in social work;
- Graduate degree in a behavioral science field;
- Graduate degree in recreational, art, or music therapy; OR
- Bachelor's degree in occupational therapy and be licensed by the State of Oregon;

AND

Education and experience which demonstrates the competencies to conduct an assessment including identify precipitating events, to include health and safety to self or others; gather histories of mental and physical disabilities, substance use, past mental health services and criminal justice contacts; assess family, cultural, social and work relationships; conduct a mental status examination; complete a DSM diagnosis; develop a safety plan; write and supervise the implementation of a person-centered treatment plan, and provide individual, family, and/or group therapy within the scope of practice.

6. **Supporting the Participant in Development of Person-Centered Service Plan**. Supports and information are made available to the participant (and/or the additional parties specified, as appropriate) to direct and be actively engaged in the person-centered service plan development process. *(Specify: (a) the supports and information made available, and (b) the participant's authority to determine who is included in the process):*

The IQA case manager works with the individual and/or their guardian or authorized legal representative, as applicable, to establish a time to engage with the individual in their residence or a location of their choosing, including via telehealth/telemedicine in accordance with HIPAA. When establishing an initial meeting, the IQA case manager will inform the individual of their choice to include others that may have information about their needs or people that are important to them or who are a support to them.

During the initial interaction or engagement with the individual, the IQA case manager provides information to the individual (and/or those people chosen by the individual) regarding service eligibility and any necessary referral processes, and services and supports covered under the 1915(i) HCBS State Plan or other eligible services. The IQA case manager provides education, instruction and information about the following:

- The needs assessment and the person-centered planning process, and how they are conducted;
- The range and scope of individual choices and options;
- The process for changing the person-centered service plan;
- The grievance and appeals process;
- The individual's rights, including federal and state HCBS rights:

Supporting the Participant in Development of Person-Centered Service (Cont)

- The risks and responsibilities of self-direction;
- Free choice of providers and service delivery models;
- Reassessment and review schedules;
- Defining goals, needs and preferences;
- Identifying and accessing services, supports and resources; Development of risk management agreements; and
- Recognizing and reporting critical events, including abuse allegations.
- These supports are provided orally and in writing in a manner and language easily understood by the individual and others the individual has chosen to participate in the person-centered assessment and planning process. The IQA has developed print and online information about home and community-based services and supports, including information about available providers, services and the processes to referral and access to HCBS covered services and providers.

Assessment of an individual's support needs and capabilities may be completed by communication methods such as telehealth/telemedicine, in lieu of in-person visits, and in accordance with HIPAA, as directed by OHA.
To comply with 42 CFR 441.725(b)(9), appropriate IQA staff may obtain the individual's oral approval and document this approval in the case records as directed by OHA. The use of e-signatures that meet privacy and security requirements will be added as a method for the participant, legal representative, or guardian signing the PCSP to indicate approval of the plan. Oral consent is only used as authorization for providers to deliver services while awaiting receipt of the signed PCSP. Oral consent does not substitute for electronic or hardcopy signatures on the PCSPs.

7. **Informed Choice of providers.** *(Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the 1915(i) services in the person-centered service plan):*

The counties, or other case management entities, are involved in assisting participants in obtaining info and selecting 1915(i) providers, which options and choice are documented by the IQA on the PCSP with an attestation from the participant that they did have choice in providers.

8. **Process for Making Person-Centered Service Plan Subject to the Approval of the Medicaid Agency**. *(Describe the process by which the person-centered service is made subject to the approval of the Medicaid agency):*

OHA will review a representative sample of person-centered service plans completed by the IQA using a 95% confidence interval, 5% margin of error and 50% distribution variable methodology.
OHA will review the IQA PCSPs using the standards for person-centered planning contained in the IQA contract.
(1) Contractor shall develop a person-centered service plan of care that reflects the services and supports, and the delivery of such services and supports, which are important to the individual. The individual directs the process to the maximum extent possible and is enabled to make informed choices and decisions. Persons chosen by the individual are included in the planning.
(2) Contractor shall provide necessary information in plain language in a manner accessible to individuals with disabilities and individuals whose English proficiency is limited. Cultural factors must be considered and accommodated.
(3) Contractor shall prepare the written PCSP commensurate with the individual's level of need and the scope of the services and supports available that reflects the Recipient's strengths and preferences and includes individually identified goals and desired outcomes.

§1915(i) HCBS State plan Services
State/Territory: Oregon

Process for Making Person-Centered Service Plan Subject to the Approval of the Medicaid Agency (Cont)

(4) Contractor shall describe any clinical and support needs identified through a functional needs assessment and indicate the paid and unpaid services and supports and the providers responsible for implementation.
(5) Contractor shall include risk factors and measures to minimize the risk factors, such as individualized backup plans and strategies.
(6) Contractor shall document and justify any modification that supports a specific and individualized assessed need.
OHA reserves the right to approve, suspend, reduce, deny or terminate services with appropriate notice and fair hearing rights provided.

9. **Maintenance of Person-Centered Service Plan Forms**. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following *(check each that applies):*

☑	Medicaid agency	☐	Operating agency	☐	Case manager
☑	Other (*specify):*	IQA			

Services

1. **State plan HCBS.** *(Complete the following table for each service. Copy table as needed):*

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*	
Service Title:	**Community-Based Integrated Supports**
Service Definition (Scope):	
"Community Based Integrated Supports (CBIS)" means services and supports offered to individuals that provide assistance in acquisition, retention, or improvement with life management and socialization skills and community integration and engagement to	

§1915(i) HCBS State plan Services
State/Territory: Oregon

Community-Based Integrated Supports (Cont)

maintain their maximum functional level of functioning and integration within the broader community. These services include:

- Supervision, support, training, and assistance necessary for an individual to develop, maintain or improve skills and competencies necessary to function as independently as possible in the following areas:
  - Managing their own behavior;
  - Financial literacy;
  - Social skills;
  - Communication;
  - Therapeutic activities, consistent with other mental health services; and
  - Community integration and access.
- Home and Community-Based skill building service. These services assist an individual to build the skills and complete tasks for themselves rather than completing tasks for an individual.

CBIS may be provided via telehealth/telemedicine, in lieu of in-person visits, in accordance with HIPAA, and in accordance with OAR 410-172-0850.

CBIS are available and must be provided in the broader community to individuals residing in their own home. Services are provided by qualified providers as directed in the individual's PCSP.

Additional needs-based criteria for receiving the service, if applicable (specify):

§1915(i) State plan HCBS
State/Territory: Oregon

Community-Based Integrated Supports (Cont)

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

☑	Categorically needy *(specify limits):*
☐	Medically needy *(specify limits):*

Provider Qualifications (For each type of provider. Copy rows as needed):

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Licensed Qualified Mental Health Professional	License types are outlined in OAR 410-172-0660(4)	N/A	Required to be licensed by their respective boards, not to include board-registered intern or associate designations, and be Medicaid enrolled as a community 1915(i) plan provider.
Certified Behavioral Health Organization	N/A	Organizational Certificate of Approval issued by the Health Systems Division as described in OAR chapter 309 division 8	Required to be Medicaid enrolled as a community 1915(i) pl7an provider.
Enrolled In-Home Care Agency	N/A	N/A	Required to be Medicaid enrolled as a community 1915(i) plan provider.

Community-Based Integrated Supports (Cont)

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:		
Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Licensed QMHP	State of Oregon Medical Board Oregon Board of Nursing Oregon Board of Psychology Oregon Board of Licensed Professional Counselors and Therapists Oregon Board of Licensed Social Workers Oregon Board of Licensed Social Workers as described in OAR 877-015-0105 Oregon Occupational Therapy Licensing Board	Every two years
Certified Behavioral Health Organization	Health Systems Division	Every three years
Enrolled In-Home Care Agency	OHA, Public Health Division	Annual
Service Delivery Method		
☐ Participant-directed	☑ Provider managed	

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*	
Service Title:	**HCBS Residential Habilitation**
Service Definition (Scope):	

Services include:

- Identifying and completing ADL/IADL and/or nurse delegation tasks as defined in OAR 410-173-0005, 309-035-0105 and 309-035-0215. Skilled services delegated by a Registered Nurse (RN) under Oregon's Nurse Practice Act may be considered personal care services and included in HCBS Residential Habilitation when the RN provides appropriate training and delegation of the listed nursing tasks in accordance with the Oregon Nurse Practice Act (OAR Chapter 851 Division 047). Completing ADL/IADL and/or nurse delegation tasks includes a range of assistance, based on assessed need, provided to persons with disabilities and chronic conditions that enables them to accomplish ADL/IADL tasks they would normally do for themselves if they did not have a disability or chronic condition. Assistance may be in the form of hands-on assistance, supervision and/or cueing.
- Supporting individual to manage behaviors.
- Activity Therapy -Group and generalized services administered by a qualified provider such as expressive, art, dance, exercise or play therapies provided for reasons other than recreation and that result in the improvement or reduction of the symptoms associated with a diagnosed behavioral health condition.
- Life Management skills;
- Socialization skills; and
- Community Integration and Engagement.

HCBS Residential Habilitation services enable an individual to attain or maintain their maximum functional level and include:

- Supervision, support, training, and assistance necessary for an individual to develop, maintain or improve skills and competencies necessary to function as independently as possible in the following areas:
    1. Managing their own behavior;
    2. Financial literacy;
    3. Social skills;
    4. Communication;

§1915(i) State plan HCBS
State/Territory: Oregon

HCBS Residential Habilitation (Cont)

5. Therapeutic activities, consistent with other mental health services; and
6. Community integration and access.

- Home and Community-Based skill building service. These services assist an individual to build the skills and complete tasks for themselves.
- Primary purpose is to assist an individual access and integrate into the community;

Services may be delivered in the following settings by qualified providers:

- Broader community;
- OHA-licensed Residential Treatment Facilities (not Secure Residential Treatment Facilities);
- OHA, BH licensed Residential Treatment Homes;
- OHA, BH licensed Adult Foster Homes;
- ODHS, APD licensed Adult Foster Homes;
- ODHS, ODDS licensed Adult Foster Homes
- ODHS, APD licensed Residential Care Facilities;
- ODHS, APD licensed Assisted Living Facilities; and
- ODHS, ODDS certified Group Care Homes and State Operated Group Homes for Adults

Individuals receiving these services would not qualify for similar services funded under section 110 of Rehabilitation Act 1973 or Individual with Disabilities Improvement Act of 2004.

HCBS Residential Habilitation may be provided via telehealth/telemedicine, in lieu of in-person visits, in accordance with HIPAA, and in accordance with OAR 410-172-0850.

Payment is not be made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The States MMIS system includes edits to prevent duplicate billing. OHA's contractor also complete prior authorization reviews for both HCBS Residential Habilitation and In-Home Personal Care to also prevent duplicate approvals and billings.

§1915(i) State plan HCBS
State/Territory: Oregon

HCBS Residential Habilitation (Cont)

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):

☑	Categorically needy *(specify limits):*
☐	Medically needy *(specify limits):*

Provider Qualifications (For each type of provider. Copy rows as needed):

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Mental Health Adult Foster Home	OHA		OAR 309-040-0000
Residential Treatment Home or Facility	OHA		OAR 309-035-0300
APD and ODDS Adult Foster Care	ODHS		OAR 411-050-0600 through 0690 OAR 411-360-0010 through 411-360-0310
APD Residential Care Facility	ODHS		OAR 411-054-0000 through 0300
APD Assisted Living Facility	ODHS		OAR 411-054-0000 through 0300
ODDS Group Care Homes and State Operated Group Homes for Adults	ODHS	ODHS	OAR 411-325-0010 through 0480

§1915(i) State plan HCBS
State/Territory: Oregon

HCBS Residential Habilitation (Cont)

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:		
Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Mental Health Adult Foster Home	Health Services Division	**Every year**
Residential Treatment Facility/Home	Health Services Division	**Every two years**
APD and ODD Adult Foster Care	Local CDDPs, Branch offices and DHS Central Office	Annually
Residential Care Facility	DHS Client Care Monitoring Unit	Every two years
Assisted Living Facility	DHS Client Care Monitoring Unit	Every two years
Group Care Home and State Operated Group Homes for Adults	DHS Central Office	Biennially
Service Delivery Method		
☐ Participant-directed	☑ Provider managed	

§1915(i) State plan HCBS
State/Territory: Oregon

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*	
Service Title:	**HCBS Psychosocial Rehabilitation for persons w. CMI**
Service Definition (Scope):	
Services include: • Comprehensive Medication Services (LMP) • Individual Therapy • Group Therapy • Family Therapy • Psychiatric Skills Training • Behavioral health counseling therapy • Psychiatric Activity Therapy/Community Psychiatric Supportive Treatment- Individualized and specific services administered by a qualified provider that promote community stabilization, integration, socialization, inclusion and skill acquisition to improve a person's ability to engage in community, home, school, work and family and overall integration and contribution to their community. Assertive Community Treatment (OAR Chapter 309 Division 019) HCBS Psychosocial Rehabilitation may be provided via telehealth/telemedicine, in lieu of in-person visits, and in accordance with HIPAA, as directed by OHA. Psychosocial rehabilitation services under the 1915(i) differ in nature, scope, supervision arrangements, and provider type (including provider training and qualifications) from psychosocial rehabilitation services otherwise available in the state plan.	
Additional needs-based criteria for receiving the service, if applicable (specify):	

HCBS Psychosocial Rehabilitation for persons w. CMI (Cont)

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):

☑	Categorically needy *(specify limits):*
☐	Medically needy *(specify limits):*

Provider Qualifications (For each type of provider. Copy rows as needed):

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Mental Health Adult Foster Home	OHA		OAR 309-040-0000
Residential Treatment Home or Facility	OHA		OAR 309-035-0300
Residential Care Facility	DHS		OAR 411-054-0000 through 0300
Mental Health Adult Foster Home	OHA		OAR 309-040-0000
Licensed Qualified Mental Health Professional	License types are outlined in OAR 410-172-0660(4) Board of Nursing; Occupational Therapy Licensing Board	N/A 410-172-0660	Required to be licensed by their respective boards, not to include board-registered intern or associate designations, and be Medicaid enrolled as a mental health provider, within the scope of their training.

HCBS Psychosocial Rehabilitation for individuals w CMI (Cont)

Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type *(Specify)*:	License *(Specify)*:	Certification *(Specify)*:	Other Standard *(Specify)*:
Certified Behavioral Health Organization	N/A	Organizational Certificate of Approval issued by the Health Systems Division as described in OAR chapter 309 division 8	Required to be Medicaid enrolled as a community 1915(i) plan provider.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:		
Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify)*:	Frequency of Verification *(Specify)*:
Mental Health Adult Foster Home	Health Systems Division	Every year
Residential Treatment Facility/Home	Health Systems Division	Every two years
Residential Care Facility	DHS Client Care Monitoring Unit	Every two years
Licensed Qualified Mental Health Provider	Health Systems Division	Every three years
Certified Behavioral Health Organization	Health Systems Division	Every three years
Additional needs-based criteria for receiving the service, if applicable *(specify)*:		

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*	
Service Title:	**HCBS In-Home Personal Care**
Service Definition (Scope)*:*	

HCBS In-Home Personal Care (IHPC) are direct services that assist an individual to accomplish Activities of Daily Living and/or Instrumental Activities of Daily Living (ADL/IADL) tasks in home settings and the broader community. IHPC do not include services that assist an individual with the acquisition, retention and improvement of the skills needed to accomplish ADL/IADL tasks.

Scope of Services
Individuals exercise Employer Authority in HCBS In-Home Personal Care services. Individuals may find their own candidates for employment, screen otherwise qualified candidates for ability to meet participant needs, hire, supervise, direct and discharge employees enrolled as Personal Care Attendants. Participants establish work schedules and train employees in how they prefer to receive their services.
IHPC include a range of assistance, based on assessed need, provided to persons with disabilities and chronic conditions that enables them to accomplish ADL/IADL tasks they would normally do for themselves if they did not have a disability or chronic condition. Assistance may be in the form of hands-on assistance, supervision and/or cueing.
Unlike 1905(a) Personal Care services, HCBS IHPC services are authorized using a person-centered planning process and offer participant direction opportunities.
ADLs include; eating, bathing, dressing, toileting, maintaining continence, and mobility and transferring. IADLs capture more complex life activities and include; personal hygiene, light housework, laundry, meal preparation, shopping, using electronic communication devices, medication management, and money management. Personal care services can be provided on a continuing basis or on episodic occasions.
Skilled services delegated by a Registered Nurse (RN) under Oregon's Nurse Practice Act may be considered personal care services when the RN provides appropriate training and delegation of the listed nursing tasks in accordance with the Oregon Nurse Practice Act (OAR Chapter 851 Division 047).

§1915(i) State plan HCBS
State/Territory: Oregon

HCBS In-Home Personal Care (Cont)

Cognitive Impairments An individual may be physically capable of performing ADLs or IADLs but may have limitations in performing these activities because of a cognitive impairment. Personal care services may be required because a cognitive impairment prevents an individual from knowing when or how to carry out the task. In such cases, personal assistance may include cueing and supervision to support the individual while performing the task. This does not include, or replace, community-based integrated support services that support the individual to develop the skills needed to complete the task independently. Oregon is in compliance with Electronic Visit Verification Systems (EVV) requirements in accordance with section 12006 of the 21st Century CURES Act.	
Additional needs-based criteria for receiving the service, if applicable *(specify):*	
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):	
☑	Categorically needy *(specify limits):*
☐	Medically needy *(specify limits):*

§1915(i) State plan HCBS
State/Territory: Oregon

HCBS In-Home Personal Care (Cont)

Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type *(Specify)*:	License *(Specify)*:	Certification *(Specify)*:	Other Standard *(Specify)*:
Personal Care Attendant	N/A	N/A	Requirements for qualification at Oregon Administrative Rule 410-172-0810
In-home Care Agency	OAR 333-536-0010	N/A	Who has met all rule requirements as an enrolled qualified Medicaid provider under OAR 407-120-0300- thru-1505 and OAR 410-120-1260

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:		
Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify)*:	Frequency of Verification *(Specify)*:
Personal Care Attendant	OHA	Biennial background check, Revalidation every 5 years.
In-home Care Agency	OHA, Public Health Division	Annual

Service Delivery Method

☑ Participant-directed ☐ Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title:	**Community Transportation**

Service Definition (Scope):

Community Transportation is provided to eligible individuals to gain access to community-based services, activities, and resources. Trips are related to person-centered service plan needs, are not covered in the 1115 medical benefit, are not for the benefit of others in the household and are provided in the most cost-effective manner that will meet needs specified on the plan. Community Transportation services are not used to: 1) replace natural supports, volunteer transportation, and other transportation services available to the individual; 2) compensate the service provider for travel to or from the service provider's home.
Providers in licensed settings are to provide or arrange for transportation if the individual cannot.

Additional needs-based criteria for receiving the service, if applicable *(specify)*:

Community Transportation (Cont)

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):

☑	Categorically needy *(specify limits):*
☐	Medically needy *(specify limits):*

Provider Qualifications (For each type of provider. Copy rows as needed):

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Common Transportation Carriers, taxi, bus	N/A	N/A	In accordance with standards established for those transportation entities.
In-home Care Agency Provider	OAR 333-536-0010	N/A	Who has met all rule requirements as an enrolled qualified Medicaid provider under OAR 407-120-0300- thru-0400 and OAR 410-120-1260
Personal Care Attendant	N/A	N/A	Requirements for qualification at Oregon Administrative Rule 410-172-0810

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Common transportation carriers, taxi, bus	Contractor (IQA)	Prior to service authorization
In-home Care Agency Provider	Public Health Division	Annual
Personal Care Attendant	Contractor (IQA)	Prior to service authorization

Service Delivery Method

☐ Participant-directed ☑ Provider managed

§1915(i) State plan HCBS
State/Territory: Oregon

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*	
Service Title:	**Home Delivered Meals**
Service Definition (Scope):	
Home Delivered Meals are provided for participants who live in their own homes, are home-bound, are unable to do meal preparation, and do not have another person available for meal preparation. Provision of the home delivered meal reduces the need for reliance on paid staff during some mealtimes by providing meals in a cost-effective manner.	
Additional needs-based criteria for receiving the service, if applicable *(specify):*	
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):	
☑	Categorically needy *(specify limits):*
	Home delivered meals are not available to individuals residing in a setting in which residential providers are responsible to provide meals. Home delivered meals are limited to one per day.
☐	Medically needy *(specify limits):*

Provider Qualifications (For each type of provider. Copy rows as needed):

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
HDM provider	N/A	N/A	Criteria at 411-040-0030

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
HDM provider	Contractor	Prior authorization

Service Delivery Method

☐ Participant-directed ☑ Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title:	**Housing Support Services**

Service Definition (Scope):

Housing supports services are determined to be necessary for an individual to obtain and reside in an independent community setting and are tailored to the goal of maintaining an individual's personal health and welfare in a home and community-based setting where the person is directly responsible for his or her own living expenses.

Housing supports services may include one or more of the following components if they are not otherwise available:

Individual Housing and Tenancy Sustaining Services:

- Coordination with the individual to plan, participate in, review, update and modify their individualized housing support plan on a regular basis, including at redetermination and/or revision plan meetings, to reflect current needs and preferences and address existing or recurring housing retention barriers.
- Providing assistance with securing and maintaining entitlements and benefits (including rental assistance) necessary to maintain community integration and housing stability (e.g., assisting individuals in obtaining documentation, assistance with completing documentation, navigating the process to secure and maintain benefits, and coordinating with the entitlement/benefit assistance agency).
- Assistance with securing supports to preserve the most independent living.
- Monitoring and follow-up to ensure that linkages are established, and services are addressing housing needs.
- Providing supports to assist the individual in the development of independent living skills to remain in the most integrated setting (e.g., skills coaching to maintain a healthy living environment, develop and manage a household budget, interact appropriately with neighbors or roommates, reduce social isolation, utilize local transportation).
- Providing supports to assist the individual in communicating with the landlord and/or property manager.
- Education and training on the role, rights, and responsibilities of the tenant and landlord.
- Providing training and resources to assist the individual with complying with his/her lease.

Housing Support Services (Cont)

- Assisting in reducing the risk of eviction by providing services to prevent eviction (e.g., to improve conflict resolution skills; coaching; role-playing and communication strategies targeted towards resolving disputes with landlords and neighbors; communicating with landlords and neighbors to reduce the risk of eviction; addressing biopsychosocial behaviors that put housing at risk; providing ongoing support with activities related to household management; and linking the tenant to community resources to prevent eviction).
- Providing early identification and intervention for actions or behaviors that may jeopardize housing.
- Providing a pest eradication treatment, no more than one time per year that is necessary for the individual's health and safety as documented by a health care professional. This service is not intended for pre-tenancy, monthly, routine or ongoing treatments. This service is coverable when the individual is living in their own home, when not already included in a lease, and when the pest eradication is for the management of health and safety as identified in the person-centered service plan.
- Modifications to improve accessibility of housing (e.g., ramps, rails) and safety (e.g., grip bars in bathtubs) when necessary to ensure occupant's health, and when modification is not covered by another entity as required by law.
- Assistance with connecting the enrollee to expert community resources to address legal issues impacting housing and thereby adversely impacting health, such as assistance with breaking a lease due to unhealthy living conditions.

Additional needs-based criteria for receiving the service, if applicable *(specify)*:

§1915(i) State plan HCBS
State/Territory: Oregon

Housing Support Services (Cont)

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):

☑	Categorically needy (specify limits):
	Services not included in the Housing Benefit: 1. Payment of ongoing rent or other room and board costs. 2. Capital costs related to the development or modification of housing. 3. Expenses for utilities or other regular occurring bills. 4. Goods or services intended for leisure or recreation. 5. Duplicative services from other state or federal programs. 6. Services to individuals in a correctional institution or an Institution of Mental Disease (IMD) (other than services that meet the exception to the IMD exclusion), or in an institutional setting.
☐	Medically needy (specify limits):

Provider Qualifications (For each type of provider. Copy rows as needed):

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Housing Supports	N/A	N/A	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 housing supports services, or comparable services meant to support an individual's ability to obtain and maintain stable housing.

§1915(i) State plan HCBS
State/Territory: Oregon

Housing Support Services (Cont)

Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
General business (includes retail/online stores, property managers, utility companies)	N/A	N/A	Any required license, certification or other state required standard to operate the type of business relevant to the item or service being requested. For example, payments for utilities must be made to a utility provider that is authorized to operate in the State of Oregon. The utility provider maintains all appropriate licenses, certifications, etc. to operate as a utility provider in the State. Providers completing necessary home accessibility adaptions must be licensed, bonded and insured. General contractors must have current Construction Contractors Board (CCB) license.
Self-employed Registered Nurse	Current and unencumbered nursing license who meets Oregon State Board of Nursing licensure requirements under Oregon Revised Statute 678.010 – 410 and Oregon Administrative Rules, Standards and Scope of Practice for Licensed Nursing		Who has met all rule requirements as an enrolled qualified Medicaid provider under OAR 407-120-0300- thru-0400 and OAR 410-120-1260.

§1915(i) State plan HCBS
State/Territory: Oregon

Housing Support Services (Cont)

Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type *(Specify)*:	License *(Specify)*:	Certification *(Specify)*:	Other Standard *(Specify)*:
In Home Care Agency (ORS 443.305)	OAR Chapter 333, Division 536		Who has met all rule requirements as an enrolled qualified Medicaid provider under OAR 407-120-0300- thru-0400 and OAR 410-120-1260.
Home Health Agency (ORS 443.005)	OAR Chapter 333, Division 27		

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):		
Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify)*:	Frequency of Verification *(Specify)*:
General Business	IQA	Prior to authorization of payment for good or service.
Housing Supports Provider	IQA	Prior to Authorization
In Home Care Agency (ORS 443.305)	OHA	Prior to payment through the MMIS system with nursing license verification occurring every two years and Medicaid provider re-enrollment every five years

Service Delivery Method	
☐ Participant-directed	☑ Provider managed

§1915(i) State plan HCBS
State/Territory: Oregon

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*	
Service Title:	**Transition Services**
Service Definition (Scope):	
Community Transition Services: Community Transition Services are determined to be necessary for an individual to obtain and reside in an independent community setting and are tailored to the goal of maintaining an individual's personal health and welfare in a home and community-based setting as they are transitioning from an institutional setting, Adult Foster home, Residential Treatment Facility, or Residential Treatment Home to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Supports also 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, including telephone, electricity, heating and water; services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; moving expenses; necessary home accessibility adaptations; and activities to assess need, arrange for, and procure needed resources. Food benefit is limited to situations where other resources are not available to the consumer through SNAP or local food security resources or until SNAP benefits are issued). Basic clothing benefit is limited to essential items not already available to the consumer. 1915(i) Community Transition Service coordination may be provided to individuals transitioning from allowable institutional settings up to 180 days prior to discharge and the individual is eligible for and receiving 1915(i) services after discharge from the institutional setting. FFP for Community transition Service coordination will not be claimed for services provided to individuals between ages 22 and 64 who are served in IMDs or individuals who are inmates of public institutions.	
Additional needs-based criteria for receiving the service, if applicable (specify):	

Transition services (Cont)

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):

☑	Categorically needy *(specify limits):*
	1. Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the person-centered service plan development process, clearly identified in the service plan and only when the person is unable to meet such expense or when the services cannot be obtained from other sources, including natural supports. 2. Community Transition Services do not include ongoing monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversional/recreational purposes. 3. Community Transition services are only available up to 180 days prior to discharge from an institutional setting.
☐	Medically needy *(specify limits):*

Provider Qualifications (For each type of provider. Copy rows as needed):

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Housing Supports	N/A	N/A	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 housing supports services, or comparable services meant to support an individual's ability to obtain and maintain stable housing.

§1915(i) State plan HCBS
State/Territory: Oregon

Transition services (Cont)

Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type *(Specify)*:	License *(Specify)*:	Certification *(Specify)*:	Other Standard *(Specify)*:
General business (includes retail/online stores, property managers, utility companies)	N/A	N/A	Any required license, certification or other state required standard to operate the type of business relevant to the item or service being requested. For example, payments for utilities must be made to a utility provider that is authorized to operate in the State of Oregon. The utility provider maintains all appropriate licenses, certifications, etc. to operate as a utility provider in the State. Providers completing necessary home accessibility adaptions must be licensed, bonded and insured. General contractors must have current Construction Contractors Board (CCB) license.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:		
Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify)*:	Frequency of Verification *(Specify)*:
Housing Supports Provider	IQA	Prior to Authorization
General Business Contractor	IQA	Prior to authorization of payment for good or service.

Service Delivery Method	
☐ Participant-directed	☑ Provider managed

§1915(i) State plan HCBS
State/Territory: Oregon

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title:	**Pest Eradication Services**

Service Definition (Scope)*:*

Pest eradication treatment, no more than one time per year that is necessary for the individual's health and safety as documented by a health care professional. This service is not intended for pre-tenancy, monthly, routine or ongoing treatments. This service is coverable when the individual is currently living in their own home, when not already included in a lease, and when the pest eradication is for the management of health and safety as identified in the person-centered service plan.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):

☑	Categorically needy *(specify limits):* Home delivered meals are not available to individuals residing in a setting in which residential providers are responsible to provide meals. Home delivered meals are limited to one per day.
☐	Medically needy *(specify limits):*

Provider Qualifications (For each type of provider. Copy rows as needed):

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Pest Eradication Service	Annual License as described in OAR Chapter 603 Division 57	N/A	N/A

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Pest Eradication Service	Housing Support Provider	Prior to service authorization

Service Delivery Method

☐ Participant-directed ☑ Provider managed

2. ☑ **Policies Concerning Payment for State plan HCBS Furnished by Relatives, Legally Responsible Individuals, and Legal Guardians.** *(By checking this box the state assures that):* There are policies pertaining to payment the state makes to qualified persons furnishing State plan HCBS, who are relatives of the individual. There are additional policies and controls if the state makes payment to qualified legally responsible individuals or legal guardians who provide State Plan HCBS. *(Specify (a) who may be paid to provide State plan HCBS; (b) the specific State plan HCBS that can be provided; (c) how the state ensures that the provision of services by such persons is in the best interest of the individual; (d) the state's strategies for ongoing monitoring of services provided by such persons; (e) the controls to ensure that payments are made only for services rendered; and (f) if legally responsible individuals may provide personal care or similar services, the policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual):*

All 1915(i) HCBS residential and IHPC services require prior authorization prior to service delivery or payment.
(a) Providers who can be paid for 1915(i) services must meet all necessary Provider Qualifications for the service which they are providing in accordance with OAR. Providers must be enrolled as a Medicaid provider and have a history of providing HCBS to other HCBS recipients; and other or alternative Community-Based Integrated Supports resources are not available to meet the participant's needs as defined in their plan of care.
(b) the 1915(i) services provided are Community-Based Integrated Supports;

(c) OHA ensures that the provision of services by such persons is in the best interest of the individual by increased service monitoring offering of choice of qualified providers and service settings will be part of the person-centered planning process. Assessments and person-centered service plans are directed by the individual so any concerns about the service provider, relative or not, are documented and addressed at the individual's request.

(d) As stated in (c) above, when HCBS In-home Personal Care is provided by relatives, legal guardians, and legally authorized representatives service monitoring and coordination by the IQA will be increased and ongoing offering of choice of qualified providers and service settings will be part of the participants' person-centered planning process.

(e) OHA has administrative rules in place regarding prior authorization, billing and payment and post payment review to ensure services are rendered prior to payment. Additionally, OHA's MMIS contains multiple automated functions to ensure payments will be made to a relative of the participant only if they meet the requirements in (a) and (b) above.

Policies Concerning Payment for State plan HCBS Furnished by Relatives, Legally Responsible Individuals, and Legal Guardians (Cont)

(f) OHA will ensure reimbursement of services provided by relatives, legal guardians, and legally authorized representatives will only be made for services rendered by: requiring prior authorization and post payment review activities to be conducted by the independent entity; and OHA will maintain prior authorization and post payment review policies and procedures based on applicable administrative rule for reimbursement of HCBS services and the contract between OHA and the independent entity.

Relatives, legal guardians, and legally authorized representatives may provide specified services and are required to meet the provider qualifications set forth in Oregon Administrative Rule. Relatives, legal guardians, and legally authorized representatives may be paid when a conflict of interest is not present the relative meets the qualifications for the service provided and is chosen by the individual. Exceptions to this policy may only be granted by HSD. Requests for exception must be submitted to HSD. Requests should include a demonstration of effort to resolve any conflicts of interest through a thorough exploration of service setting options, a thorough exploration of available providers, and an inability to locate a qualified and willing designated representative. Relatives may provide the services identified for which they meet provider qualifications, based on the individual's assessed needs and identified in the approved Person-Centered Service Plan. Services provided, regardless of the provider, must be in accordance with any limits identified in the waiver and set forth in OAR.

Relatives, legal guardians and legally authorized representatives who are identified as providers in the service plan are verified as being in the best interest of the individual by the individual, legal representative, or authorized representative, and case manager. Anyone identified as a provider, including relatives, legal guardians, and legally authorized representatives cannot be responsible for directing Person-Centered Service Plan development. When a legal guardian is paid to be a provider of 1915(i) services, another person must be designated as a representative for the purpose of developing the Person-Centered Service Plan.

All providers, including relatives, legal guardians, and legally authorized representatives provide services in accordance with authorized and signed Person-Centered Service Plan. All providers will record time and dates of services using the State's approved electronic visit verification system.

Participant-Direction of Services

Definition: Participant-direction means self-direction of services per §1915(i)(1)(G)(iii).

Election of Participant-Direction. (*Select one):*

○	The state does not offer opportunity for participant-direction of State plan HCBS.
○	Every participant in State plan HCBS (or the participant's representative) is afforded the opportunity to elect to direct services. Alternate service delivery methods are available for participants who decide not to direct their services.
●	Participants in State plan HCBS (or the participant's representative) are afforded the opportunity to direct some or all of their services, subject to criteria specified by the state. *(Specify criteria):*
	Employer authority for Personal Care Attendants providing HCBS In-Home Personal Care.

1. **Description of Participant-Direction** (Provide an overview of the opportunities for participant-*direction under the State plan HCBS, including: (a) the nature of the opportunities afforded; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the approach to participant-direction):*

(a) Nature of opportunities for participant direction. OHA provides opportunities for participants to exercise Employer Authority in HCBS In-Home Personal Care services. Participants may find their own candidates for employment, screen otherwise qualified candidates for ability to meet participant needs, hire, supervise, direct and discharge employees enrolled as Personal Care Attendants. Participants establish work schedules and train employees in how they prefer to receive their services.

(b) Process for accessing participant-directed services. The IQA case manager will discuss various services options with every eligible individual/legal representative who chooses home and community-based services. When the preference is to receive services at home, the IQA case manager will inform the individual/legal representative of the option to receive them from a Personal Care Attendant or an in-home care agency.

(c) Entities involved in supporting participant direction and supports provided.

Description of Participant-Direction (Cont)

1) Information and assistance in support of participant direction:

• IQA case manager and/or OHA provides referral lists of Personal Care Attendants who have met minimum qualifications for enrollment including a criminal history check conducted by OHA.

• A contract RN, if referred by the IQA case manager, clinician or CMHP may also provide care assistance training and teaching opportunities to both the participant-employer and the Personal Care Attendant employee. Under Oregon law, contract RNs are also able to delegate certain nursing tasks to the Personal Care Attendant employee such as insulin injections.

• The Oregon Home Care Commission (OHCC) publishes "The Consumer-Employer Training Guide" which is provided to participants to assist them in carrying out the responsibilities of being the employer of the Personal Care Attendant employee.

• The participant-employer may also request further assistance of the OHCC in working with Personal Care Attendant employees.

• Most local Oregon Department of Human Services local offices have developed an orientation for Personal Care Attendants. If the local office does not directly offer the orientation, the orientation is offered at a central location, accessible by potential Personal Care Attendants. OHCC has prepared and distributed a guide for Personal Care Attendants. The guide explains the program, roles of the agency, and responsibilities of the provider. Each provider in the program also signs a provider enrollment form which further describes conditions of payment.

• OHA issues payment to the Personal Care Attendant employee and addresses tax and other employer-related financial requirements on behalf of the participant-employer. The participant-employer signs off on a monthly voucher verifying the number of hours their employee worked, up to the maximum monthly hours authorized by the IQA.

• The IQA case manager provides a task list to the individual and Personal Care Attendant based on the person-centered service plan.

The IQA case manager monitors the service plan, identifying risks and unmet needs and discussing options with individuals. At a minimum, reassessments of needs are completed once a year. IQA case managers are expected to identify and monitor more closely if the situation warrants, for example if the individual's health is fragile, if there are provider issues, mental health stability concerns or protective service issues.

Description of Participant-Direction (Cont)

The participant has the right to fire the worker at any time, for any reason. The IQA case manager may alter the services authorized based on reassessments of the participant's needs. In that situation, the IQA or OHA sends a notice of reduction or termination of services to the participant. The IQA or OHA also sends a notice to the worker if the hours change.

2. Limited Implementation of Participant-Direction. (*Participant direction is a mode of service delivery, not a Medicaid service, and so is not subject to statewideness requirements. Select one):*

●	Participant direction is available in all geographic areas in which State plan HCBS are available.
○	Participant-direction is available only to individuals who reside in the following geographic areas or political subdivisions of the state. Individuals who reside in these areas may elect self-directed service delivery options offered by the state, or may choose instead to receive comparable services through the benefit's standard service delivery methods that are in effect in all geographic areas in which State plan HCBS are available. (*Specify the areas of the state affected by this option)*:

3. Participant-Directed Services. *(Indicate the State plan HCBS that may be participant-directed and the authority offered for each. Add lines as required):*

Participant-Directed Service	Employer Authority	Budget Authority
HCBS In-Home Personal Care	☑	☐
	☐	☐

4. Financial Management. (*Select one):*

●	Financial Management is not furnished. Standard Medicaid payment mechanisms are used.
○	Financial Management is furnished as a Medicaid administrative activity necessary for administration of the Medicaid State plan.

5. ☑ **Participant–Directed Person-Centered Service Plan.** *(By checking this box the state assures that):* Based on the independent assessment required under 42 CFR §441.720, the individualized person-centered service plan is developed jointly with the individual, meets federal requirements at 42 CFR §441.725, and:

- Specifies the State plan HCBS that the individual will be responsible for directing;
- Identifies the methods by which the individual will plan, direct or control services, including whether the individual will exercise authority over the employment of service providers and/or authority over expenditures from the individualized budget;
- Includes appropriate risk management techniques that explicitly recognize the roles and sharing of responsibilities in obtaining services in a self-directed manner and assures the appropriateness of this plan based upon the resources and support needs of the individual;
- Describes the process for facilitating voluntary and involuntary transition from self-direction including any circumstances under which transition out of self-direction is involuntary. There must be state procedures to ensure the continuity of services during the transition from self-direction to other service delivery methods; and
- Specifies the financial management supports to be provided.

7. **Voluntary and Involuntary Termination of Participant-Direction.** *(Describe how the state facilitates an individual's transition from participant-direction, and specify any circumstances when transition is involuntary):*

Voluntary Termination of Participant Direction-

Individuals may voluntarily terminate their self-directed services at any time. When an individual chooses to terminate their employer responsibilities, the IQA case manager will discuss the available service options provided by In-Home Care Agency providers and will update the Person-Centered Service Plan.

Involuntary Termination of Participant Direction-

An individual may have their employer authority terminated when they are unable to meet the responsibilities of being an employer as evidenced by such things as:
(A) Independent provider complaints;
(B) Multiple complaints from an independent provider requiring intervention from OHA or IQA; intervention include such actions as:
(a) A documented review of the employer responsibilities
(b) Training related to employer responsibilities;

Voluntary and Involuntary Termination of Participant-Direction (Cont)

(c) Corrective action taken as a result of an independent provider filing a complaint with OHA or OHA's designee, or other agency who may receive labor related complaints;
(d) Identifying a representative if an individual is not able to meet the employer responsibilities described in number 2 of this section (Participant-Direction of Services); or
(e) Identifying another representative if an individual's current representative is not able to meet the employer responsibilities described in number 2 of this section (Participant-Direction of Services).
(C) Frequent errors on time sheets, mileage logs, or other required documents submitted for payment that results in repeated coaching from the OHA or IQA;
(D) Complaints to Medicaid Fraud involving the individual or the individual's representative; or
(E) Documented observation by the IQA of services not being delivered as identified in the individual's PCSP.

When employer authority is removed, the identified support needs can be met using services available from provider types that do not have an employment relationship with the individual. Specific providers of these types may be selected from those available by the individual or the individual's legal representative. Participant direction of these providers will be encouraged and allowed to the greatest extent possible. The individual's case manager will revise the previously authorized Person-Centered Service Plan to assure all support needs formerly met by the Personal Care Attendant will be met by the new provider type.

If the individual chooses not to utilize the alternate provider types or alternate provider types are unavailable, the individual or the individual's legal representative will be advised of options for meeting identified needs through other home and community-based services. Individuals will be informed of the opportunity to request a Medicaid Fair Hearing.

8. Opportunities for Participant-Direction

a. Participant–Employer Authority (individual can select, manage, and dismiss State plan HCBS providers). (*Select one):*

○	The state does not offer opportunity for participant-employer authority.	
●	Participants may elect participant-employer Authority *(Check each that applies):*	
	☑	**Participant/Co-Employer**. The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.
	☐	**Participant/Common Law Employer**. The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

b. Participant–Budget Authority (individual directs a budget that does not result in payment for medical assistance to the individual). (*Select one):*

●	The state does not offer opportunity for participants to direct a budget.
○	Participants may elect Participant–Budget Authority.
	Participant-Directed Budget. *(Describe in detail the method(s) that are used to establish the amount of the budget over which the participant has authority, including the method for calculating the dollar values in the budget based on reliable costs and service utilization, is applied consistently to each participant, and is adjusted to reflect changes in individual assessments and service plans. Information about these method(s) must be made publicly available and included in the person-centered service plan.):*
	Expenditure Safeguards. *(Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards.*

Quality Improvement Strategy

Quality Measures

(Describe the state's quality improvement strategy. For each requirement, and lettered sub-requirement, complete the table below):

1. **Service plans a) address assessed needs of 1915(i) participants; b) are updated annually; and (c document choice of services and providers.**

(Table repeats for each measure for each requirement and lettered sub-requirement above.)

Requirement	**Service plans a) address assessed needs of 1915(i) participants;**
Discovery	
Discovery Evidence *(Performance Measure)*	(1) Number and percent of participants whose type of services are delivered in accordance with the service plan. N: Number of participants whose services were delivered in the type, scope, amount, duration and frequency in accordance with the service plan. D: Total number of participants service plans reviewed (2) Number and percent of participants whose scope of services are delivered in accordance with the service plans in which risks, and safety factors are addressed N: Number of service plans in which risks, and safety factors are addressed D: Total number of service plans reviewed (3) Number and percent of participants whose duration of services are delivered in accordance with the service plans which include services and supports that address assessed needs. N: Number of participants whose service plans include services and supports that address assessed needs. D: Total number of participants reviewed. (4) Number and percent of participants whose frequency of services are delivered in accordance with the service plans which address personal goals and preferences. N: Number of service plans in which personal goals and preferences are addressed. D: Total number of service plans reviewed.
Discovery Activity *(Source of Data & sample size)*	Data Source: Record Review – Off-site Sampling Approach: A representative sample using a 95% confidence interval, 5% margin of error and 50% distribution variable methodology.

§1915(i) State plan HCBS
State/Territory: Oregon

Service plans a) (Cont)

Requirement	**Service plans a) address assessed needs of 1915(i) participants;**
Discovery	
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD MPU
Frequency	QTRLY
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	(1) Contractor will conduct periodic review of performance measures to determine compliance with applicable Oregon Administrative Rules and the quality improvement strategy. (2) Reviews shall be conducted through onsite visit, face to face interview of Recipient or provider, document review, clinical documentation review or data analysis. (3) Data and reports related to performance measures and the quality improvement strategy submitted by the contractor are reviewed and analyzed by HSD to identify areas of deficiency, required improvement and to assure completion of remediation efforts. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Remediation activities may include targeted training and revision of administrative processes and procedures.
Frequency *(of Analysis and Aggregation)*	Contractor submits quarterly reports to HSD. HSD reviews and remediates on an annual basis. Individual remediation activities will require follow-up by HSD to determine that the corrective action was successfully completed. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Within 30 days of identification of need for plan of correction, IQA must agree to a plan of correction. Corrective actions include training and revision of administrative processes and procedures. Corrective actions will be completed within 60 days of start of process (training completed, administrative processes/procedures revised and communicated to staff)

§1915(i) State plan HCBS
State/Territory: Oregon

Requirement	Service plans b) are updated annually;
Discovery	
Discovery Evidence *(Performance Measure)*	(1) Number and percent of service plans that were revised/updated based on change in the individual's condition; N: Service plans revised/updated based on change in individuals' condition. D: Number of services plans reviewed. (2) Number and percent of service plans revised/updated within 12 months. N: Number of service plans that were updated/revised within 12 months. D: Total number of service plans reviewed
Discovery Activity *(Source of Data & sample size)*	Data Source: Record Review – Off-site Sampling Approach: A representative sample using a 95% confidence interval, 5% margin of error and 50% distribution variable methodology..
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD MPU
Frequency	QTRLY
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	(1) Contractor will conduct periodic review of performance measures to determine compliance with applicable Oregon Administrative Rules and the quality improvement strategy. (2) Reviews shall be conducted through onsite visit, face to face interview of individual or provider, document review, clinical documentation review or data analysis. (3) Data and reports related to performance measures and the quality improvement strategy submitted by the contractor are reviewed and analyzed by HSD to identify areas of deficiency, required improvement and to assure completion of remediation efforts. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Remediation activities may include targeted training and revision of administrative processes and procedures.

Service plans b) (Cont)

Remediation	
Frequency *(of Analysis and Aggregation)*	Contractor submits quarterly reports to HSD. HSD reviews and remediates on an annual basis. Individual remediation activities will require follow-up by HSD to determine that the corrective action was successfully completed. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Within 30 days of identification of need for plan of correction, IQA must agree to a plan of correction. Corrective actions include training and revision of administrative processes and procedures. Corrective actions will be completed within 60 days of start of process (training completed, administrative processes/procedures revised and communicated to staff)

Requirement	**Service plans c) document choice of services and providers**
Discovery	
Discovery Evidence *(Performance Measure)*	(1) Number and percent of participants who are offered choice among services and providers N: Number of participants who are offered choice among services and providers D: Total number of files reviewed
Discovery Activity *(Source of Data & sample size)*	Data Source: Record Review – Off-site Sampling Approach: A representative sample using a 95% confidence interval, 5% margin of error and 50% distribution variable methodology.
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD MPU
Frequency	Annually

Requirement	Service plans c) document choice of services and providers (Cont)
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	(1) Contractor will conduct periodic review of performance measures to determine compliance with applicable Oregon Administrative Rules and the quality improvement strategy. (2) Reviews shall be conducted through onsite visit, face to face interview of individual or provider, document review, clinical documentation review or data analysis. (3) Data and reports related to performance measures and the quality improvement strategy submitted by the contractor are reviewed and analyzed by HSD to identify areas of deficiency, required improvement and to assure completion of remediation efforts. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Remediation activities may include targeted training and revision of administrative processes and procedures.
Frequency (of Analysis and Aggregation)	Contractor submits quarterly reports to HSD. HSD reviews and remediates on an annual basis. Individual remediation activities will require follow-up by HSD to determine that the corrective action was successfully completed. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Within 30 days of identification of need for plan of correction, IQA must agree to a plan of correction. Corrective actions include training and revision of administrative processes and procedures. Corrective actions will be completed within 60 days of start of process (training completed, administrative processes/procedures revised and communicated to staff)

2. Eligibility Requirements: (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately; and (c) the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS

(Table repeats for each measure for each requirement and lettered sub-requirement above.)

Requirement		**Eligibility Requirements: (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future;**
Discovery		
	Discovery Evidence *(Performance Measure)*	Number and percent of files reviewed documenting individuals who have a reasonable indication of need for 1915(i) HCBS services have an evaluation for 1915(i) HCBS eligibility. N: Number of individuals who have a reasonable indication of need for 1915(i) HCBS services who are evaluated for 1915(i) eligibility. D: Total number of files reviewed
	Discovery Activity *(Source of Data & sample size)*	Data Source: Record Review – Off-site Sampling Approach: A representative sample using a 95% confidence interval, 5% margin of error and 50% distribution variable methodology.
	Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD MPU
	Frequency	QRTLY

Eligibility Requirements: (a) (Cont)

Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	(1) Contractor will conduct periodic review of performance measures to determine compliance with applicable Oregon Administrative Rules and the quality improvement strategy. (2) Reviews shall be conducted through onsite visit, face to face interview of individual or provider, document review, clinical documentation review or data analysis. (3) Data and reports related to performance measures and the quality improvement strategy submitted by the contractor are reviewed and analyzed by HSD to identify areas of deficiency, required improvement and to assure completion of remediation efforts. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Remediation activities may include targeted training and revision of administrative processes and procedures.
Frequency *(of Analysis and Aggregation)*	Contractor submits quarterly reports to HSD. HSD reviews and remediates on an annual basis. Individual remediation activities will require follow-up by HSD to determine that the corrective action was successfully completed. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Within 30 days of identification of need for plan of correction, IQA must agree to a plan of correction. Corrective actions include training and revision of administrative processes and procedures. Corrective actions will be completed within 60 days of start of process (training completed, administrative processes/procedures revised and communicated to staff).

Requirement	**Eligibility Requirements: (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately;**
Discovery	
Discovery Evidence *(Performance Measure)*	Number and percent of files reviewed that document the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately. N: Files reviewed that document that eligibility is determined using the processes and instruments described in the approved state plan. D: Total number of files reviewed
Discovery Activity *(Source of Data & sample size)*	Data Source: Record Review – Off-site Sampling Approach: A representative sample using a 95% confidence interval, 5% margin of error and 50% distribution variable methodology.
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD MPU
Frequency	QRTLY
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	(1) Contractor will conduct periodic review of performance measures to determine compliance with applicable Oregon Administrative Rules and the quality improvement strategy. (2) Reviews shall be conducted through onsite visit, face to face interview of individual or provider, document review, clinical documentation review or data analysis. (3) Data and reports related to performance measures and the quality improvement strategy submitted by the contractor are reviewed and analyzed by HSD to identify areas of deficiency, required improvement and to assure completion of remediation efforts. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Remediation activities may include targeted training and revision of administrative processes and procedures.

Eligibility Requirements: (b) (Cont)

Frequency *(of Analysis and Aggregation)*	Contractor submits quarterly reports to HSD. HSD reviews and remediates on an annual basis. Individual remediation activities will require follow-up by HSD to determine that the corrective action was successfully completed. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Within 30 days of identification of need for plan of correction, IQA must agree to a plan of correction. Corrective actions include training and revision of administrative processes and procedures. Corrective actions will be completed within 60 days of start of process (training completed, administrative processes/procedures revised and communicated to staff)

Requirement		**Eligibility Requirements: (c) the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS**
Discovery		
	Discovery Evidence *(Performance Measure)*	Number and percent of individuals reevaluated for 1915(i) eligibility annually. N: Number and percent of individual files documenting annual reevaluation of 1915(i) eligibility. D: Number of files reviewed.
	Discovery Activity *(Source of Data & sample size)*	Data Source: Record Review – Off-site Sampling Approach: A representative sample using a 95% confidence interval, 5% margin of error and 50% distribution variable methodology.

Eligibility Requirements: (c) (Cont)

	Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD MPU
	Frequency	QRTLY
Remediation		
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*		(1) Contractor will conduct periodic review of performance measures to determine compliance with applicable Oregon Administrative Rules and the quality improvement strategy. (2) Reviews shall be conducted through onsite visit, face to face interview of individual or provider, document review, clinical documentation review or data analysis. (3) Data and reports related to performance measures and the quality improvement strategy submitted by the contractor are reviewed and analyzed by HSD to identify areas of deficiency, required improvement and to assure completion of remediation efforts. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Remediation activities may include targeted training and revision of administrative processes and procedures.
Frequency *(of Analysis and Aggregation)*		Contractor submits quarterly reports to HSD. HSD reviews and remediates on an annual basis. Individual remediation activities will require follow-up by HSD to determine that the corrective action was successfully completed. Non-compliance will be determined by any performance measure that falls below 86% accuracy. Within 30 days of identification of need for plan of correction, IQA must agree to a plan of correction. Corrective actions include training and revision of administrative processes and procedures. Corrective actions will be completed within 60 days of start of process (training completed, administrative processes/procedures revised and communicated to staff)

3. Providers meet required qualifications.

(Table repeats for each measure for each requirement and lettered sub-requirement above.)

Requirement	**Providers meet required qualifications.**
Discovery	
Discovery Evidence *(Performance Measure)*	Number and percent of providers who meet required provider qualifications N: Number of providers who meet required provider qualifications D: Total number of providers reviewed
Discovery Activity *(Source of Data & sample size)*	Data Source: Licensing/Certification visits conducted by OHA, HSD. Sampling Approach: 100% review of sites conducted at least biennially.
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD Licensing and Certification Unit for OHA licensed/certified providers HSD, Provider Enrollment Unit for non-licensed provider types, i.e Personal Care Attendants. ODHS, APD and ODDS licensing Units for ODHS licensed/certified residential providers.
Frequency	RTFs and RTHs reviewed every 2 years, AFHs reviewed every year. Non-licensed providers reviewed every two years for background check and every 5 years for all other requirements.
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	If provider is not in compliance with minimum requirements, provider must take corrective action. Non-compliance with approved corrective action will lead HSD to work with MHOs to seek alternate services and informing the License/ Cert Unit for possible action.
Frequency *(of Analysis and Aggregation)*	Provider must take corrective action and notify HSD of completion of corrective action within time frames specified in the notice of violation as described in licensing rules for the setting.

4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).

Requirement	**Settings meet the home and community-based setting requirements as specified in accordance with 42 CFR 441.710(a)(1) and (2).**
Discovery	
Discovery Evidence *(Performance Measure)*	PM: Number and percent of HBCS settings that meet Federal HCBS settings requirements. N: Number of HCBS settings that meet Federal HCBS settings requirements. D: Number of HCBS settings reviewed.
Discovery Activity *(Source of Data & sample size)*	Data Source: Licensing/Certification visits conducted by OHA, HSD. Licensing/Certification visits conducted by ODHS, APD and ODDS for settings licensed/certified by ODHS. Sampling Approach: 100% review of sites conducted at least biennially
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD Certification/ Licensing Unit and MPU ODHS, APD and ODDS licensing and certification units.
Frequency	Biennially
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	If provider is not in compliance with minimum requirements, provider must take corrective action. Non-compliance with approved corrective action will lead HSD to work with community mental health organizations to seek alternate services and informing the License/ Cert Unit for possible action.
Frequency *(of Analysis and Aggregation)*	Provider must make corrective action and notify HSD of completion of corrective action within time frames specified in the notice of violation as described in licensing rules for the setting.

5. The SMA retains authority and responsibility for program operations and oversight.

Requirement	**The SMA retains authority and responsibility for program operations and oversight**
Discovery	
Discovery Evidence *(Performance Measure)*	Number and percent of aggregated performance measure reports, trends, and remediation efforts reviewed by OHA. N: Number of aggregated performance measure reports, trends, and remediation efforts reviewed by OHA. D: Number of aggregated performance measure reports, trends, and remediation efforts generated by IQA. Number and percent of discovered deficiencies resolved by OHA. Numerator – number and percent of deficiencies resolved by OHA when discovered during quality assurance reviews; Denominator – total number of all reports with discovered deficiencies after quality assurance review by OHA.
Discovery Activity *(Source of Data & sample size)*	Data Source: Operating Agency Performance Review Sampling Approach: 100% of reports submitted to OHA by IQA
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD
Frequency	Annually
Remediation	
Remediation Responsibilities	Provide IQA with TA; review contract to ensure clarity of eligibility criteria
Frequency	within 15 days of the discovery of evidence

6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.

Requirement	The state maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.
Discovery	
Discovery Evidence *(Performance Measure)*	(1) Number and percent of claims approved with appropriate plan of care as specified in the approved State Plan HCBS. N: Number of claims approved in accordance with the appropriate plan of care D: Total number of claims approved for files reviewed. (2) Number and percent of claims paid for services furnished by qualified providers. N: Paid claims furnished by qualified providers. D: Total paid claims reviewed
Discovery Activity *(Source of Data & sample size)*	Data Source: Record Review – On-site Sampling Approach: A representative sample using a 95% confidence interval, 5% margin of error and 50% distribution variable methodology. OR MMIS contains many edits which are applied automatically to claims to prevent inappropriately issuing a payment. These edits include a referring, billing and performing provider checks, prior authorization check (including POC) and diagnoses check.
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD
Frequency	ANNUALLY
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	100% of State Plan HCBS claims of participants that were not enrolled on the date of services are denied. Provide TA to providers on proper billing procedures and adjusting claims as needed
Frequency *(of Analysis and Aggregation)*	Within 90 days of the discovery of evidence

7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints.

Requirement	The state identifies addresses and seeks to prevent incidents of abuse, neglect and exploitation, including the use of restraints
Discovery	
Discovery Evidence *(Performance Measure)*	(1) Number and percent of State Plan HCBS complaints resolved within required guidelines N: Number of complaints resolved within required guidelines D: Total number of complaints reviewed (2) Number and percent of allegations regarding wrongful restraint and involuntary seclusion where investigations are conducted in accordance with OAR407-045-0320 N: Number of allegations regarding wrongful restraint and involuntary seclusion where appropriate actions and follow-up occurred D: Total number of files reviewed that included allegations of wrongful restraint and involuntary seclusion. (3) HSD requires and ensures 100% of staff working in a RTF, RTH or AFH are trained in Mandatory Abuse Reporting. Number and percent of providers who meet abuse reporting training requirements ongoing N: Number of providers who meet abuse reporting training requirements ongoing D: Total number of providers reviewed (4) Number and percent of participants and/or guardians who are informed about the ways to identify and report abuse, neglect and exploitation N: Number of participants and/or guardians who are informed about the ways in which to identify and report abuse, neglect and exploitation D: Total number of files (5) Number and percent of incidents reports that were filed appropriately (timely and according to policies and procedures). N: Number of incident reports completed appropriately (timely and according to policies and procedures) D: Total number of files reviewed which contained initial incident.

§1915(i) State plan HCBS
State/Territory: Oregon

The state identifies, addresses, and seeks …(Cont)

	Discovery Activity *(Source of Data & sample size)*	(1) CMHP submit QTRLY reports on Complaints. Will review for 1915(i) providers. (2) Immediate attention and response provided to receipt of call regarding a critical incident followed by a report via fax. (3) Data Source: Record Review – Off-site (applies to all five PM above) Sampling Approach: A representative sample using a 95% confidence interval, 5% margin of error and 50% distribution variable methodology.
	Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	HSD
	Frequency	QTRLY

§1915(i) State plan HCBS
State/Territory: Oregon

The state identifies, addresses, and seeks …(Cont)

Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	(1) If abuse cases are identified for specific provider agencies, HSD to review 100% of the residents' records of the identified provider agency to identify breadth of issue within 30 days. Provider must submit CAP within 15 days following completed review. Failure to make records available, non-compliance with approved CAP/failure to develop an approved CAP leads HSD/CMHP's to seek alternate services and informing the License/Cert Unit for action. (2) CMHP's submit QTRLY reports on complaints/grievances. HSD to review for 1915(i) related complaints/grievances. (3) Follow State protocol for any reported suspected occurrences of abuse, neglect or exploitation. HSD protocol is to forward any reported suspected abuse reports to State Office of Adult Abuse Prevention and Investigation (OAAPI) and partners with OAAPI on any supporting documentation needed. HSD receives ongoing status of any open cases by OAAPI and works in close partnership to ensure corrective actions are implemented. (4) HSD ensures 100% of staff working in an RTF, RTH, AFH are trained (by DHS OIT or designee) in Mandatory Abuse Reporting by requiring any staff not appropriately trained, receive the required training within 1 month of discovery.
Frequency *(of Analysis and Aggregation)*	1) Upon discovery of failure to meet any participants' health and welfare; 2) Follow-up and TA within 60 days of the date of discovery; 3) Immediately with any reported occurrence until process is complete. 4) Upon discovery of less than 100% of staff not receiving mandatory abuse reporting training.

§1915(i) State plan HCBS
State/Territory: Oregon

System Improvement

(Describe the process for systems improvement as a result of aggregated discovery and remediation activities.)

1. Methods for Analyzing Data and Prioritizing Need for System Improvement

HSD will gather the discovery evidence on a quarterly and annual basis to identify trends in each focus area on the QIS. HSD will also look closely for any trends specific to a residence or residential category. HSD will respond to findings in the manner that would be the most appropriate.

For example, if a statewide issue is identified, HSD would implement an intervention best suited for the issue, be it statewide trainings and technical assistance or targeting an intervention for a specific workforce such as the county residential specialists.

Another method to effect desired change will be to work with the HSD Licensing and Certification and/or the HSD Provider Enrollment unit and their reviews to focus on identified areas for improvement.

The results of the data are public domain and participants may use it to inform their choice for one residence over another.

HSD will use the information gathered to determine what levels of care need more development, be it supported housing or strengthening interventions to promote independence.

HSD will prioritize the needs for system change by determining which areas for improvement will make the greatest improvement for the most participants in the program, furthering their level of independence.

2. Roles and Responsibilities

HSD: Administer IQA contract and monitor IQA for performance and outcomes. HSD will monitor processes of enrollment, payment, licensing for compliance, quality and outcomes. HSD will respond to reported deficits through compliance activities, rule application, post payment review of paid services and reporting to other accountable agencies when applicable.
IQA: Will implement person centered assessment and planning. Ensure implementation of person-centered plans and report outcomes to HSD. Conduct medical appropriateness reviews of requested services. Ensure person centered planning guidelines are adhered to for authorized services. Gather and report QIS data for HSD.
LMHA / CMHP: Engage in processes for certification of providers. Monitor for health and safety. Provide technical assistance to providers and monitor for HCBS rule compliance.
Provider Agencies: Implement person centered plans. Deliver services. Maintain compliance with HCBS rules and Oregon Administrative Rule.
Participants: Participate in development of the person-centered plan. Provide feedback to providers, CMHP and HSD.

3. Frequency

The HSD Licensing and Certification unit follow specific frequencies of monitoring that are defined in OARs.

- Outpatient Services: Certificates of Approval are valid for a maximum of 3 years and HSD Provider Enrollment revalidates enrollments every five years;
- Residential Treatment Facilities & Homes: Licenses are valid for a maximum of 2 years and HSD Provider Enrollment revalidates enrollments every five years;
- Adult Foster Homes: Licenses are valid for a maximum of 1 year and HSD Provider Enrollment revalidates enrollments every five years;

Qualified Mental Health Professionals (QMHPs) are verified by the HSD Licensing and Certification Unit every 3 years and HSD Provider Enrollment revalidates enrollments every five years. Periodic or interim reviews can occur as needed when there is a concern about a program.

The other monitoring activities are defined within the QIS.

4. Method for Evaluating Effectiveness of System Changes

HSD will contract with IQA to implement person centered planning, monitor outcomes, report compliance of contracted entities and collect data for use in the QIS strategy.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use

Methods and Standards for Establishing Payment Rates

1. Services Provided Under Section 1915(i) of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate.

☐	HCBS Case Management
☐	HCBS Homemaker
☐	HCBS Home Health Aide
☑	HCBS Personal Care
	Reimbursement rates for Personal Care Attendants/Personal Support Workers that provide In-Home services are collectively bargained through the Department of Administrative Services on behalf of the Oregon Health Authority with the Service Employees International Union. These rates are set based on a bargaining agreement at 2-year intervals. Mileage reimbursement is collectively bargained, as well. In-home agency rates are determined through contract and are based on market rates.
☐	HCBS Adult Day Health
☑	HCBS Habilitation
	Payment methods for HCBS Residential Habilitation and Community-Based Integrated Supports use standard code sets such as CPT, HCPCS and modifiers. Existing Codes will be paired with the modifier "HW" to identify them as State Plan HCBS services. Payment for services provided in the following OHA licensed community-based residential treatment settings, will be made using the approved rate methodology as follows: • Residential treatment home/facility, OHA has developed a standardized rate based upon actuarially sound principles for personal care services tiered for different levels of client acuity needs in a range of bed size bands. The tiered rates are developed for the Oregon specific regions for annually adjusted minimum wage trended forward. The personal care service rates provided in these residential settings do not include reimbursement for room and board. The fee schedule is posted on the agency web at: https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx.

§1915(i) HCBS State plan Services
State/Territory: Oregon

Methods and Standards for Establishing Payment Rates

☑ HCBS Habilitation (Cont)

- Adult Foster Homes-Medicaid reimbursement rates for Adult Foster Care providers are collectively bargained through the Department of Administrative Services on behalf of the Oregon Health Authority with the Service Employees International Union. These rates are set based on a bargaining agreement at two-year intervals. The collective bargaining process is a public process.

  An individual's assessed needs determine the rate as negotiated in the collective bargaining agreement. For individuals enrolled in 1915(i) services, the LOCUS and LSI assessment tools, along with consultation with health and support professionals responsible for the individuals care, and reviews of clinical and treatment records determine the level of need.

Payment for services provided in the following DHS-licensed/certified community-based residential settings will be made using the approved rate methodology for services provided in these settings under the 1915(k) Community First State Plan Option and as described below:

- Assisted Living Facility - Assisted Living Facility rates are established based upon market conditions designed to assure adequate access to services for beneficiaries. Assisted Living Facilities rates are paid based on the individual's assessed needs. An Independent and Qualified Agent conducts the needs assessment using the LOCUS and LSI assessment tools d for individuals enrolled in 1915(i) are the LOCUS and LSI assessments, along with consultation with health and support professionals responsible for the individuals care, and reviews of clinical and treatment records. The individual's needs result in a reimbursement in one of 5 payment levels. The different payment levels reflect the individual's acuity and ADL needs as follows:
  - Level 1 - All individuals qualify for Level 1 or greater.
  - Level 2 - Individual requires assistance in cognition/behavior AND elimination or mobility or eating.
  - Level 3 - Individual requires assistance in four to six activities of daily living OR requires assistance in elimination, eating and cognition/behavior.
  - Level 4 - Individual is full assist in one or two activities of daily living OR requires assistance in four to six activities of daily living plus assistance in cognition/behavior.

§1915(i) HCBS State plan Services
State/Territory: Oregon

Methods and Standards for Establishing Payment Rates

☑ HCBS Habilitation (Cont)

- Level 5 - Individual is full assist in three to six activities of daily living OR full assist in cognition/behavior AND one or two other activities of daily living.

- Group Care Homes for Adults - Each individual's support needs be assessed using a functional needs assessment annually, when an individual request's it or when the individual's needs change. Changes in an individual's support needs may be identified during regularly scheduled monitoring visits, annual person-centered planning meetings, and when there are changes to the person's condition:
  - The functional needs assessment collects information about the person's support needs. This information is used to match the individual with one of several levels of expected support need. For individuals enrolled in1915(i), the LOCUS and LSI assessment tools, along with consultation with health and support professionals responsible for the individuals care, and reviews of clinical and treatment records will substitute for the ODDS functional needs assessment.
  - A funding tier is assigned. Each funding tier corresponds to the functional needs assessment derived expected support levels.
  - Each funding tier contains several rates that reflect appropriate funding for a person with that particular level of support need, adjusted by the size of setting (licensed capacity) in which they reside.

- State Operated Group Care Homes for Adults - Each individual's support needs are assessed using a functional needs assessment. For individuals enrolled in 1915(i) services, the LOCUS and LSI assessment tools, along with consultation with health and support professionals responsible for the individuals care, and reviews of clinical and treatment records will substitute for the ODDS functional needs assessment. Changes in an individual's support needs may be identified during regularly scheduled monitoring visits, annual eligibility redeterminations, annual person-centered service plan meetings, and when there are changes to the person's condition.

§1915(i) HCBS State plan Services
State/Territory: Oregon

Methods and Standards for Establishing Payment Rates

☑ HCBS Habilitation (Cont)

- State Operated Group Care Homes for Adults – (Cont) The rate setting methodology incorporates other payroll expenditures (OPE), allowable administration percentages, and other costs associated with operating a business. It also incorporates information on revenue and expenses about the service so that DHS and OHA can assure that the total funding does not exceed the cost of operating the site.
- Residential Care Facility Regular - Residential Care Facility (Regular) rates are established based upon market conditions designed to assure adequate access to services for beneficiaries. Residential Care Facilities are paid a base rate with add-ons for specific medical, behavioral and ADL needs. For individuals enrolled in 1915(i) services, the LOCUS and LSI assessment tools, along with consultation with health and support professionals responsible for the individuals care, and reviews of clinical and treatment records will substitute for the APD functional needs assessment to determine the base rate and any potential add-ons. The reimbursement rate may include the base rate with up to three add-on payments. Add-ons are paid if:
  - (A) The individual is full assist in mobility or eating or elimination;
  - (B) The individual demonstrates behaviors that pose a risk to the individual or to others and the provider must consistently intervene to supervise or redirect; or
  - (C) The individual's medical treatments, as documented in the needs assessment, require daily observation and monitoring with oversight by a licensed healthcare professional, no less than quarterly, and the facility has trained staff to provide such service and does provide the service.

- Residential Care Facility Contract - Residential Care Facility (Contract) rates are established based upon market conditions designed to assure adequate access to services for beneficiaries. Contracted rates are established for providers targeting a specific population and negotiating a specific rate for services provided to any individual within that target population. There are two types of contracted rates:
  - Supplemented Program Contract (as referred to in 1915(k) state plan): Allows an enhanced rate for additional services in excess of the published rate schedule to providers in return for additional services delivered to target populations.

§1915(i) HCBS State plan Services
State/Territory: Oregon

Methods and Standards for Establishing Payment Rates

☑	HCBS Habilitation (Cont)

- Residential Care Facility Contract – (Cont)
  - Residential Care Facility Specific Needs Setting Contract: A specific needs setting contract pays a rate in excess of the published rate schedule to providers who care for a group of individuals whose service needs exceed the service needs encompassed in the base payment and all add-ons. The provider must show the additional costs associated with providing care to the target population.

- APD Adult Foster Care - Medicaid reimbursement rates for Adult Foster Home providers are collectively bargained through the Department of Administrative Services on behalf of the Department of Human Services with the Service Employees International Union. These rates are set based on a bargaining agreement at two-year intervals. The collective bargaining process is a public process. An individual's assessed needs determine the rate as negotiated in the collective bargaining agreement. For individuals enrolled in 1915(i) services, the LOCUS and LSI assessment tools, along with consultation with health and support professionals responsible for the individuals care, and reviews of clinical and treatment records determine the level of need.

  Except as otherwise noted in the plan, state-developed fee methodology rates are the same for both governmental and private providers of HCBS habilitative services. The provider types, can bill, depending on the services provided, in 15-minute units, daily or monthly frequency, accordingly to the CPT/HCPCS billing code utilized. HSD will periodically audit the providers to ensure the appropriateness of the rates. Rate reviews are conducted continuously, and each provider will have a completed rate review at least every three years. All payments will be made retroactive based on submission of claim forms directly from OHA to the provider or to a third-party administrator.

☐	HCBS Respite Care

§1915(i) HCBS State plan Services
State/Territory: Oregon

Methods and Standards for Establishing Payment Rates

For Individuals with Chronic Mental Illness, the following services:		
	☑	HCBS Psychosocial Rehabilitation
		Payment methods for HCBS Psychosocial Rehabilitation use standard code sets such as CPT, HCPCS and modifiers. Existing Codes will be paired with the modifier "HW" to identify them as State Plan HCBS services. The agency uses a state-wide fee schedule that will update on 1/1/2022 and is applicable to services rendered on or after that date. The fee schedule is posted on the agency web at: http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of HCBS Psychosocial Rehabilitation services. The provider types, can bill, depending on the services provided, in 15-minute units, daily or monthly frequency, accordingly to the CPT/HCPCS billing code utilized. **Psychosocial Rehabilitation (PSR):** H2017 Psychosocial Rehabilitation 15-minutes; H2018 Psychosocial Rehabilitation Per-diem. HSD will periodically audit the providers to ensure the appropriateness of the rates. Rate reviews are conducted continuously, and each provider will have a completed rate review at least every three years. All payments will be made retroactive based on submission of claim forms directly from OHA to the provider or to a third-party administrator.
	☐	HCBS Clinic Services (whether or not furnished in a facility for CMI)

§1915(i) HCBS State plan Services
State/Territory: Oregon

Methods and Standards for Establishing Payment Rates

For Individuals with Chronic Mental Illness, the following services:	
☑	Other Services (specify below)
	Home Delivered Meals- Home Delivered Meal rates are established utilizing detailed cost reports. The Department conducts an analysis of the cost reports. A weighted average is used to determine a statewide reimbursement rate. Community Transportation- Reimbursement rates for mileage for Personal Support Workers and Personal Care Attendants that provide In-Home services are collectively bargained through the Department of Administrative Services on behalf of the Department of Human Services with the Service Employees International Union. These rates are set based on a bargaining agreement at 2-year intervals. Transportation rates for public transportation and other private transportation is the market rate for the service. Transition services - Rates are based on market rates for all items and services. Housing Services- rates for housing services providers is based on the case management rate for Independent Qualified Agents. Pest eradication services- Rates are based on market rates for all items and services.