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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 23-0028

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

Financial Management Group

January 17, 2024

Dana Hittle, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: Oregon State Plan Amendment (SPA) 23-0028

Dear Director Hittle:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 23-0028 effective for services on or after September 1, 2023. The purposed amendment modifies the criteria for the Nursing Facility bariatric staffing standards.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act. We hereby inform you that Medicaid State plan amendment 23-0028 is approved effective September 1, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Diana Dinh at Diana.Dinh@cms.hhs.gov.

Sincerely,

Rory Howe

Rory Howe
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 23-0028

2. STATE: OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: 9/1/23

5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 $ 0
b. FFY 2024 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Part 1, page 7

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 4.19-D, Part 1, page 7

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to modify the criteria for the Nursing Facility bariatric staffing standards.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME: Vivian Levy

13. TITLE: Medicaid Deputy Director

14. DATE SUBMITTED: 9/13/23

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

ATTN: Jesse Anderson, State Plan Manager

FOR CMS USE ONLY

16. DATE RECEIVED: September 13, 2023

17. DATE APPROVED: January 17, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL: Rory Howe

20. TYPED NAME OF APPROVING OFFICIAL: Rory Howe

21. TITLE OF APPROVING OFFICIAL: Director, FMG

22. REMARKS

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

2. "Pediatric rate" means the standard, statewide payment for all long term care services provided to a Medicaid resident under the age 21 who is a resident of a pediatric nursing facility or a self-contained pediatric unit except for services reimbursed through another Title XIX payment source.

3. The pediatric rate is the all-inclusive rate constituting payment in full for a Medicaid resident under the age of 21 who is a resident of a pediatric nursing facility or a self-contained pediatric unit. The methodology for calculating the pediatric rate is described in Section III.

D. Bariatric Rate.

1. Bariatric rate means the statewide payment for all long term care services provided to a Medicaid bariatric consumer who has a physician diagnosis of obesity with BMI > 40; and meets the following criteria as defined in OAR 411-015:

(a) Two-person full assist with ambulation or transfers; and
(b) Full assist in one of the following: cognition, eating or elimination.

2. If a Medicaid resident of a nursing facility qualifies for payment at the bariatric rate and meets the requirements described in paragraph 1 of the subsection, the Division will pay the bariatric rate stated in Section III.B.1.d.

3. If a Medicaid individual meets the criteria listed in paragraph 1 of this subsection, and the Division has authorized the bariatric rate, the nursing facility must provide one (1) additional Certified Nursing Assistant, above the licensing staffing standard, for the third through fifth approved individuals for the bariatric rate. Another Certified Nursing Assistant is then required for every additional five (5) individuals receiving the bariatric rate.

4. The Bariatric Rate is the all-inclusive rate constituting payment in full for a Medicaid resident of a nursing facility who qualifies for the services necessary to accommodate the needs of a bariatric person. The methodology for calculating the Bariatric Rate is described in Section III.