

## Public notice

### Notice of intent – OHA will amend the Medicaid State Plan to add the Agency with Choice service delivery model for in-home care and support services

**Date:** Sept. 19, 2025

**Contact:** Jesse Anderson, State Plan manager

**Comments due:** 5 p.m. Friday, Oct. 10, 2025

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Oregon Health Authority (OHA) intends to submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services. The amendment will add the Agency with Choice self-directed service delivery model to the 1915(k), 1915(i) and State Plan Personal Care sections of the Medicaid State Plan.

OHA estimates the annual Federal Fund cost to be \$10,463,862.

#### Background

[House Bill 4129](#) (2024) requires Oregon Department of Human Services and OHA to contract with up to two agencies to provide Agency with Choice services for older adults, individuals with physical disabilities and individuals with behavioral health needs.

The Agency with Choice model differs from current delivery models for in-home care:

- In the traditional agency model, agencies hire, train, direct and compensate home care workers who care for individuals. They also ensure regulatory compliance.

- In the personal employment model, individuals have the freedom to employ home care workers directly, but must also manage the administrative aspects that agencies manage through the traditional model such as hiring, training, compliance and compensation.

The Agency with Choice model is a co-employment model where:

- Agencies are responsible for all administrative aspects of employing workers.
- Individuals decide the care and support services they receive. They can choose, dismiss and direct workers according to their needs and preferences.

### **Obtaining SPA language**

The next pages show edits to existing State Plan language in the proposed SPA. You can also view the full State Plan, approved SPAs and proposed SPAs on [the OHA website](#).

### **How to comment:**

OHA welcomes public review and input. Please send written comments by 5 p.m. Friday, Oct. 10, 2025, to [jesse.anderson@oha.oregon.gov](mailto:jesse.anderson@oha.oregon.gov).

## Participant-Direction of Services

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

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

|                                  |  |
|----------------------------------|--|
| <input type="radio"/>            | The state does not offer opportunity for participant-direction of State plan HCBS.   |
| <input type="radio"/>            | 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.   |
| <input checked="" type="radio"/> | 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):<br>Employer authority for Personal Care Attendants <u>or Direct Support Worker</u> 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):

The Agency Model is based on the person-centered assessment of need. The Agency Model is a delivery method in which the services and supports are provided by entities under a contract by an In-Home Care Agency. These services are delivered by a traditional home care agency or an Agency with Choice. Agency with Choice is a “self-directed service delivery model,” in which the agency functions as the common law employer of direct support workers (DSW), selected by the participant, and provides financial management services and tasks in place of the participant. The participant chooses, trains and directs the DSW who will provide their services and acts as a co-employer with the Agency with Choice. Individuals would select their Direct Support Workers among those available at the AwC.

(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. Participant also has an option to exercise self-direction as a co-employer under the Agency with Choice model.

**Description of Participant-Direction (Cont)**

(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, [or Agency with Choice](#).

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

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.

**Description of Participant-Direction (Cont)**

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.

The Agency with Choice model will supervise, train, and monitor the conduct of all AWC program staff including DSWs when acting within the scope of their employment or duties. They shall act as the employer of record, providing its DSWs with administrative support for payroll, benefits, and employment-related taxes, including, but limited to workers compensation premiums and unemployment taxes. AWC will coordinate the schedules of DSWs according to individual choices, needs and preferences, ensuring that support is person centered and self-directed.

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):*

|                                  |   |
|----------------------------------|---|
| <input checked="" type="radio"/> | Participant direction is available in all geographic areas in which State plan HCBS are available.  |
| <input type="radio"/>            | 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. <i>(Specify the areas of the state affected by this option):</i> |

**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   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                              | <input type="checkbox"/>            | <input type="checkbox"/> |

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

|                                  |  |
|----------------------------------|--|
| <input checked="" type="radio"/> | Financial Management is not furnished. Standard Medicaid payment mechanisms are used.  |
| <input type="radio"/>            | 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):*

|  |
|--|
| <p><b>Voluntary Termination of Participant Direction-</b><br/>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 <a href="#">or the Agency with Choice</a> providers and will update the Person-Centered Service Plan.</p> <p><b>Involuntary Termination of Participant Direction-</b><br/>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:<br/>(A) Independent provider complaints;<br/>(B) Multiple complaints from an independent provider requiring intervention from OHA or IQA; intervention include such actions as:<br/>(a) A documented review of the employer responsibilities<br/>(b) Training related to employer responsibilities;</p> |
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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**Community First Choice State Plan Option**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of services provided under the Community First Choice Option. The agency's fee schedule is effective for services provided on and after January 1, 20265 and July, 2026.

Aging and People with Disabilities (APD) Rates are published at:

<https://www.oregon.gov/odhs/providers-partners/seniors-disabilities/Documents/rate-schedule.pdf>

Office of Developmental Disabilities Services (ODDS) rate are published at

<https://www.oregon.gov/odhs/providers-partners/idd/Documents/odds-expenditure-guidelines.pdf>

The following 1915(k) provider types are reimbursed in the manner described:

**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. 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.

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**Community First Choice State Plan Option**

**viii. Qualifications of Providers of CFCO Services**

**Adult Day Providers-** Licensing and certification requirements are OAR 411-066-0000 through 411-066-0015. Adult Day Service (ADS) programs that contract with the Department to provide services must be certified.

**Adult Foster Care-** Licensing requirements at OAR 411-050-0600 – 0690 OAR 309-040-0030 through 309-040-0330; and 411-360-0010 through 411-360-0310. Local CDDPs, Branch offices, DHS Central Office, and OHA/HSD are responsible for verification of provider qualifications upon initial license and annual renewal.

**Adult Group Home-** Contracted and State Operated Licensing requirements at OAR 411-325-0010 through 411-325-0480 and agency certification requirements at OAR 411-323-0010 through 411-323-0070. DHS Central Office is responsible for verification of provider qualifications biennially.

**[Agency with Choice \(AwC\) Providers-](#)** [Licensing requirements at OAR 411-039-0000 through 411-039-0270. AwC providers that contract with the Department to provide services must be licensed by the Department.](#)

**Assisted Living Facility-** Licensing requirements at OAR 411-054-0000 - 0300. The DHS Client Care Monitoring Unit is responsible for verification of provider qualifications at initial license and renewal (every 2 years).

**Behavior Support Service Providers-** Behavior consultants are certified by the state or approved by a Department Designee. The Department is responsible for verification of provider qualifications initially and at least every 5 years.

**Children's Developmental Disability Foster Care-** Certification requirements at OAR 411-346-0100 through 411-346-0230 or 413-200-0300 through 413-200-0396. DHS, Office of Developmental Disabilities Services (ODDS) or Child.

**Children's Developmental Disability Host Home**—Children's Developmental Disability Host Homes Programs are certified and endorsed by the state. DHS Central Office is responsible for verification of provider qualifications initially and biennially thereafter.

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**Community First Choice State Plan Option**

**Home Accessibility Adaptations Providers-** A scope of work is created for the adaptation. From the scope of work, bids or estimates of the cost of the adaptation are received from multiple qualified providers. The provider who submits the most cost-effective bid or estimate is chosen to complete the home adaptation.

**Home Delivered Meal Providers-** 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.

**Homecare and Personal Support Workers-** Reimbursement rates for Home Care Workers and Personal Support Workers 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. Mileage reimbursement is collectively bargained, as well.

**Community Transportation Providers-** Contract rates for transportation brokerages are individually negotiated with the provider. The rates are based on a cost allocation model supplied by each transportation brokerage.

**APD Adult Foster Care-** Medicaid reimbursement rates for APD 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.

~~Adult Foster Homes are paid a base rate with add-ons for specific medical, behavioral and ADL needs. The reimbursement rate may include the base rate with up to three add-on payments. Add-ons are paid if:~~

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TN 25-000  
Supersedes TN 16-0008

Approval Date:  
Effective Date: 1/1/26

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**Community First Choice State Plan Option**

~~(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 selected and documented on the SPD CA/PS, 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.~~  
APD Adult Foster Homes and Residential Care Facilities- will be paid based upon the assessed acuity of the individual. Based on the individual's assessment, the individual will receive points for Activities of Daily Living, Instrumental Activities of Daily Living and Health Related Tasks. Individuals with the lowest need will receive one (1 ) point, while those with the highest need will receive five (5) points per each assessed ADL, IADL and Health Related Task. Additional points will be provided for individuals with high needs driven by cognitive impairments.

- Points will be converted to Tiers based on the sum of all needs.
- Providers will receive a payment based on the individual's corresponding Tier needs.

Transferring Scores to Rates

| <u>Assessed Levels</u> | <u>Score Ranges</u> | <u>Level</u>  |
|------------------------|---------------------|---------------|
| <u>Low</u>             | <u>0 – 40</u>       | <u>Tier 1</u> |
| <u>Moderate</u>        | <u>41 – 55</u>      | <u>Tier 2</u> |
| <u>Medium High</u>     | <u>56 – 82</u>      | <u>Tier 3</u> |
| <u>High</u>            | <u>83 – 106</u>     | <u>Tier 4</u> |
| <u>Very High</u>       | <u>107 +</u>        | <u>Tier 5</u> |

Providers serving individuals with higher-than-expected needs may receive an exceptional payment. Exceptional payments are based on the expectation of additional staffing needs. Providers must demonstrate that they are meeting staffing expectations and that needs exceed those expectations.

**DD Children's Foster Care-** A functional needs assessment is used to measure the support needs of an individual and determine rates for Adult FC and CDDFC based on those assessed needs.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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**Community First Choice State Plan Option**

**DD Children's Foster Care (Cont)**

Based on the answer selection, the functional needs assessment will then calculate a rate for the individual commensurate with the level of identified need. The rates from the various support needs area categories are then totaled to get an overall FC service rate. The rate structure is designed to fall within rate ranges based on groupings of level of need. There is a process for specific rate increases by exception if there is an identified need that is outside the standard assessment parameters, such as 2:1 support for a specific support task.

**DD Children's Host Home-** Each individual's support needs are assessed using a functional needs assessment. Changes in an individual's support needs may be identified during regularly scheduled monitoring visits, annual LOC redeterminations, annual ISP meetings, and when changes are brought to the person-centered plan coordinator's attention, an individual's provider of service, family member, friend or member of the community. The rate setting methodology incorporates other payroll expenditures (OPE), allowable administration percentages, and other costs associated with operating this service.

**DD Adult Foster Care-** The functional needs assessment is used to measure the support needs of an individual and determine rates for Adult FC and CDDFC based on those assessed needs.

Based on the answer selection, the functional needs assessment will then calculate a rate for the individual commensurate with the level of identified need. The rates from the various support needs area categories are then totaled to get an overall FC service rate. The rate structure is designed to fall within rate ranges based on groupings of level of need. There is a process for specific rate increases by exception if there is an identified need that is outside the standard assessment parameters, such as 2:1 support for a specific support task.

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Attachment 4.19-B  
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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**Community First Choice State Plan Option**

**DD Children's Foster Care (Cont)**

Based on the answer selection, the functional needs assessment will then calculate a rate for the individual commensurate with the level of identified need. The rates from the various support needs area categories are then totaled to get an overall FC service rate. The rate structure is designed to fall within rate ranges based on groupings of level of need. There is a process for specific rate increases by exception if there is an identified need that is outside the standard assessment parameters, such as 2:1 support for a specific support task.

**DD Children's Host Home-** Each individual's support needs are assessed using a functional needs assessment. Changes in an individual's support needs may be identified during regularly scheduled monitoring visits, annual LOC redeterminations, annual ISP meetings, and when changes are brought to the person-centered plan coordinator's attention, an individual's provider of service, family member, friend or member of the community. The rate setting methodology incorporates other payroll expenditures (OPE), allowable administration percentages, and other costs associated with operating this service.

**DD Adult Foster Care-** The functional needs assessment is used to measure the support needs of an individual and determine rates for Adult FC and CDDFC based on those assessed needs.

Based on the answer selection, the functional needs assessment will then calculate a rate for the individual commensurate with the level of identified need. The rates from the various support needs area categories are then totaled to get an overall FC service rate. The rate structure is designed to fall

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TN 25-000  
Supersedes TN NEW

Approval Date:  
Effective Date: 1/1/26

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

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24. f. Personal Care Services (42 CFR 440.167)

“Personal Care Services” means services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are:

- 1) Authorized for the individual by a physician in accordance with a plan of treatment or otherwise authorized for the individual in accordance with a service plan approved by the State;
- 2) Provided by an individual who is qualified to provide such services and who is not a member of the individual’s immediate family (described as spouses of recipients and parents of minor recipients – including stepparents who are legally responsible for minor children – as defined in Oregon law); and
- 3) Furnished in the home or other community locations outside the home.

For purposes of this section, family member means a legally responsible relative.

**Scope of Services**

Personal Care Services include a range of assistance, as developmentally appropriate, provided to persons with disabilities and chronic conditions of all ages which enables them to accomplish tasks, which 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 (actually performing a personal care task for a person) or cueing (redirecting) so that the person performs the task by him or herself.

Personal care assistance most often relates to performance of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs include; eating, bathing, dressing, toileting, transferring, and maintaining continence. IADLs capture more complex life activities and include; personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management. Personal care services can be provided on a continuing basis or on episodic occasions.

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24. f. Personal Care Services (42 CFR 440.167)

**Scope of Services (cont)**

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.

**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 or mental health impairment. Personal care services may be required because a cognitive or mental health impairment prevents an individual from knowing when or how to carry out the task. In such cases, personal assistance may include cueing along with supervision to ensure that the individual performs the task properly.

**Freedom of Choice**

The State assures that the provision of services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

**Personal Care Services Include:**

**Activities of Daily Living (ADLs)**

- Eating - is assisting the individual in feeding or fluid intake by any means from a receptacle into the body. Includes monitoring to prevent choking or aspiration.
- Bathing- is assisting the individual with cleansing the body, washing hair, shaving, nail care, and using assistive devices when necessary to get in and out of the bathtub or shower.
- Dressing- is assisting the individual with putting on, fastening, and taking off all items of clothing, braces, and artificial limbs, including obtaining and replacing items from their storage area in the immediate environment.

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24. f. Personal Care Services (42 CFR 440.167)

**Activities of Daily Living (cont)**

- Toileting- is assisting the individual in getting to and from, on and off, the toilet, commode or bedpan for elimination of feces and urine. This includes cleansing after elimination and adjusting clothing as necessary.
- Maintaining Continence- includes external cleansing of Foley catheter, emptying catheter drainage bag, maintenance bowel care, changing and replacing incontinence products, including colostomy, or ileostomy bags.
- Transferring- is assisting the individual with mobility, transfers and repositioning by any means including use of an assistive device and includes turning or adjusting padding for physical comfort or pressure relief and encouraging or assisting with range of motion exercises.

**Instrumental Activities of Daily Living (IADLs)**

- Personal Hygiene- perform or assist with activities required to keep one's appearance neat, secure clothing, comb/brush hair, nail care, foot care, skin care, mouth care and oral hygiene, etc.
- Light Housework- perform or assist with housekeeping tasks necessary to maintain the individual in a healthy and safe living environment.
- Laundry- perform or assist with laundering or cleaning of clothing, bedding and other linens.
- Meal preparation- perform or assist with healthy meal planning and preparation, insuring special diets are followed.
- Transportation- assist individual in getting to and from necessary appointments and community activities through available means of transportation.
- Grocery Shopping- perform or assist individual in planning for and purchasing basic needs and household items.
- Using the Telephone- perform or assist individual in arranging necessary appointments and making desired phone calls.

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TN 25-00  
Supersedes TN 10-22

Approval Date:  
Effective Date: 1/1/26

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24. f. Personal Care Services (42 CFR 440.167)

**Instrumental Activities of Daily Living (cont)**

- Medication Management- assist with medications which are ordinarily self-administered. Includes administering medication, observation to insureensure individual is taking medication as ordered, documenting and monitoring any notable side effects, and refilling prescriptions in a timely manner. Assist with use, maintenance, and cleaning of in-home equipment, monitoring client's condition, ordering and maintaining necessary supplies.
- Money Management- perform or assist with budgeting, making payments for monthly expenses and use of personal funds for desired items and activities.

**Delegated Nursing Tasks**

- Dressing Changes – using sterile technique to prevent possibility of infection. Sterile dressing changes are required for a central line, or an open unhealed surgical site.
- Oxygen Administration - during regular intervals, and with daily unplanned changes. Oxygen administration requires an attending physician's order, which includes oxygen flow and method of administration. Frequently oxygen administration is changed based on oxygen saturation levels and/or physical symptoms (e.g., shortness of breath, breathing difficulties, cyanosis.).
- Pulse Oximeter Placement and Monitoring - monitor oxygen saturation levels and adjust the oxygen as necessary to keep within acceptable parameters established by the attending physician.
- Apnea Monitoring – Apnea monitors are used after oxygen desaturation or episodes of apnea or respiratory distress have occurred. Monitors are frequently used for infants experiencing opiate withdrawal and being dosed with a respiratory suppressant such as Morphine.
- Tracheotomy Care – daily cleansing of stoma, changing dressing, and observing site for signs of irritation, inflammation, or infection. Tracheostomy tubes must be changed periodically as ordered by the attending physician.

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TN 25-00  
Supersedes TN 10-22

Approval Date:  
Effective Date: 1/1/26

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24. f. Personal Care Services (42 CFR 440.167)

**Delegated Nursing Tasks (continued)**

- Oral Suctioning – to prevent aspiration due to gastroesophageal reflux and or copious oral secretions.
- Ventilator Care - changing ventilator tubing and connections, monitoring and changing ventilator settings (oxygen level, positive end expiratory pressure, peak flow, and/or intermittent mandatory ventilation, as ordered by the attending physician.
- Continuous Positive Airway Pressure (CPAP) - placement and monitoring of CPAP or canula and ensuring the mask is maintained during sleeping hours.
- Injections (subcutaneous) – given in the subcutaneous tissue to deliver medications such as Insulin, Growth Hormone, Epinephrine (for allergic reactions) and Glucagon (for hypoglycemic episodes in diabetics).
- Blood Glucose Testing – using lancet to prick the finger (or other area such as the forearm) to obtain a blood sample to determine the blood glucose level (using a Blood Glucose Monitor).

The services described in this section are not intrinsic elements of Title IV-E foster care maintenance payments.

For individuals under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and any prior authorization by the Department [or the Authority](#).

**Personal Care Assessments**

Assessments are performed on all clients prior to receiving personal care services to determine their level of need. Those clients receiving services that require nurse delegation are assessed by a Registered Nurse (OAR 411-034-0070). For children receiving personal care services in a foster care setting, all personal care assessments are performed by a Registered Nurse (OAR 413-090-0133). Personal Care Services are available to all qualifying Medicaid-eligible individuals, including children who are not in a foster care setting.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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24. f. Personal Care Services (42 CFR 440.167)

**Qualified Provider**

Personal care services provided to qualifying Medicaid-eligible children not served in a foster care setting, seniors, and people with disabilities, including those people with addiction and mental health disabilities must be provided by a qualified provider as described in OAR 411-034-0050.

In summary, the rule requires that a Qualified Provider:

- Is a person who, in the judgment of the Department, the Authority, or its designee, can demonstrate by background, skills and abilities the capability to safely and adequately provide the services authorized;
- Must maintain a drug-free workplace and must be approved through the criminal history check process described in OAR chapter 407, division 007;
- Paid by the Department or the Authority must not be the parent, or step-parent of an eligible minor child, the eligible individual's spouse or another legally responsible relative;
- Must be authorized to work in the United States, in accordance with U.S. Department of Homeland Security, Bureau of Citizenship and immigration rules;
- Must be 18 years of age or older. ~~A Homecare Worker enrolled in the Client-Employed Provider Program who is at least sixteen years of age may be approved for limited enrollment as a qualified provider, as described in OAR 411-031-0040(8)(d);~~
- May be employed through a Contracted In-Home Care Agency, Contracted Agency with Choice or enrolled as a Homecare Worker, Personal Support Worker or Personal Care Attendant under an individual provider number. Rates for these services are established by the Department and the Authority; and
- Homecare Workers enrolled in the Client-Employed Provider Program providing State Plan Personal Care services must meet all of the standards in OAR chapter 411, division 031.

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TN 25-00  
Supersedes TN 10-22

Approval Date:  
Effective Date: 1/1/26

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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24. f. Personal Care Services (42 CFR 440.167)

**Qualified Provider (cont)**

- Criminal History Re-checks:
  - Criminal history re-checks may be conducted at the discretion of the Department, the Authority, or designee, in accordance with OAR chapter 407, division 007.
  - Providers must comply with criminal history re-checks by completing a new criminal history authorization form when requested to do so by the Department or the Authority.
  - The provider's failure to complete a new criminal history check authorization will result in the inactivation of the provider enrollment. Once inactivated, a provider must reapply and meet all the standards described in this rule to have their provider enrollment reactivated.

For children receiving personal care services in a foster care setting:

- Provider qualifications are outlined in Oregon Administrative Rule 413-090-0110 (13) effective 12/29/09. "Qualified Provider" means an individual who:
  - Is authorized by the Department or the Authority through the contract Registered Nurse of Personal Care RN Manager;
  - Demonstrates to the RN or Personal Care RN Manager their skills, abilities and capability to safely and adequately provide the authorized personal care services;
  - Maintains a drug-free household;
  - Has been approved through the background check process described in Child Welfare Policy I-G.1.4, "Oregon Computerized Criminal History Checks and Nationwide Criminal History Checks through the FBI for Relative Caregivers, Foster Parent, Other Persons in Household and Adoptive Parents for Children in the Care or Custody of DHS"; and
  - Is not a legally responsible relative of the child or young adult eligible for personal care services.
- The contract RN or Personal Care RN Manager makes the determination of whether the provider has the skills, abilities and capabilities to safely and adequately provide the authorized personal care services as described in the personal care services plan (OAR 413-090-0135).

Supersedes TN 10-22

Effective Date: 1/1/26

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

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24. f. Personal Care Services (42 CFR 440.167)

Eligible individuals must be assessed for their need for personal care services. Personal care services are not to exceed 270 hours per year. Individuals whose assessed need exceeds the 270-hour annual limit may receive approval for additional hours through a prior approval process. State Plan Personal Care services are not available for individuals in an institution.

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TN 25-00  
Supersedes TN 19-09

Approval Date:  
Effective Date: 1/1/26

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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24.f Personal Care Services:

**For Clients Served through Seniors and People with Disabilities:**

Payments are made to individual providers based on state-wide uniform hourly rate. The fee schedule is the same for both governmental and private providers. The rate for Personal Care Services for Clients Served through Seniors and People with Disabilities was last updated on 1/1/11 and is applicable to services rendered on or after that date. The rate is posted on the agency web at:  
<http://www.oregon.gov/DHS/spd/provtools/rateschedule.pdf>.

**For Clients Served through the [Oregon Health Authority with Behavioral Health Needs-Addictions and Mental Health Divisions \(AMH\)](#):**

For services provided in licensed community-based residential treatment settings, which include residential treatment home/facility, secure residential treatment facility and young adults in transition treatment home, 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.

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.

Retainer payments may be made to providers of personal care and habilitation while the individual is hospitalized or absent from the congregate setting for no more than 30-days, or as authorized by the agency. The retainer payment applies the standardized rate absent bed tier with no staffing or engagement costs during the temporary absence.

For services provided in non-licensed settings, eligible individuals may receive up to ~~20~~270 hours of personal care services per ~~month~~year at state-wide uniform hourly rate

Current base rates are made available on the internet at:

<https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

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TN 25-00  
Supersedes TN 19-0001

Approval Date:  
Effective Date: 1/1/26

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