



Date: January 14, 2019

To: Residential Treatment Homes (RTH)
Residential Treatment Facilities (RTF)
Adult Foster Homes (AFH)

From: Dana Hittle, Interim Deputy Medicaid Director
Medicaid Policy, Health Systems Division

Subject: Changes to Medicaid 1915(i) Home and Community Based Services (HCBS) Authorizations

It has come to the Oregon Health Authority's (OHA) attention that you have been informed of changes to the approval process for 1915(i) settings and services. OHA is writing to let you know that this does not mean there was a Medicaid denial.

This means:

- OHA will keep paying you for habilitation services you provide to 1915(i)-eligible residents; the residents will not have to leave your service setting unless they choose to do so.
- Effective immediately, you are no longer required to request prior authorization of "continued stay" for 1915(i)-eligible residents.

Why is this happening?

OHA has been working with its contracted 1915(i) Independent and Qualified Agent (IQA), KEPRO, to better align operation of the 1915(i) program with federal requirements and our approved State Plan Amendment (SPA). Specifically, these changes clarify that 1915(i)-eligible residents have the right to choose from qualified providers and approved HCBS settings.

This does not change your status as an approved 1915(i) provider. Your HCBS settings and provider types remain qualified and approved in Oregon's SPA.

What should you do?

No action is required on your part. OHA is working to ensure that all 1915(i)-eligible residents have their current settings and habilitation services approved for the remainder of their person-centered service plan (PCSP) period.

More information about your residents' services

- 1915(i)-eligible residents may choose to remain and receive services in your setting or they may choose to live and receive their services elsewhere. This choice is offered by KEPRO when completing the resident's annual PCSP and is documented in the PCSP.
- PCSP and needs assessments completed by KEPRO will occur face-to-face with the resident annually, or when needs significantly change, or at the request of the resident or authorized representative.

- The PCSP and 1915(i) eligibility processes also satisfy the medical appropriateness process for habilitation services (i.e. that service is approved for the resident's entire PCSP year).
- OHA considers Psychosocial Rehabilitation Services medically appropriate if the resident is 1915(i)-eligible, has an assessed need for the services, and the services have been prior authorized according to Oregon Administrative Rule (OAR) 410-172-0650, meeting the criteria outlined in OAR 410-172-0630. Authorizations for Psychosocial Rehabilitation Services are valid as long as deemed medically appropriate by a qualified mental health professional.
- If OHA denies, stops or reduces habilitation services and/or psychosocial rehabilitation services, this will **not** result in the resident having to leave their service setting. The 1915(i)-eligible resident will receive a Notice of Action with a Notice of Hearing Rights that explains what to do if the resident or authorized representative does not agree with OHA's decision, but they will not have to move as a result of the decision.

Questions?

If you have any questions about this announcement, please contact the **Provider Services Unit at 800-336-6016 (Option 5)**.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.