

Public notice

Request for comment – OHA proposes to amend the Medicaid State Plan to describe enhanced wage add-on program is designed to support Home and Community-Based Services (HCBS) providers and nursing facilities with employee retention by paying higher wages. – Comments due October 15, 2021

Date: September 13, 2021

Contact: Jesse Anderson, State Plan manager

Comments due: 5 p.m. October 15, 2021

The Oregon Health Authority (OHA) intends to amend the [Medicaid State Plan](#) to include an enhanced wage add-on program approved by the Oregon Legislature to support Home and Community-Based Services (HCBS) providers and nursing facilities.

- The purpose of the program is to provide Medicaid rate increases as financial incentives to providers who pay wages at a specific threshold. Providers may be eligible for these increases between October 1, 2021, and June 30, 2023.
- The goal of the program is to maintain a stable work force and maintain quality services by paying higher wages to direct support workers.

The Oregon Legislature approved the rate increases for providers who pay higher starting wages as described below.

The program will increase annual aggregate expenditures by approximately \$38 million Total Fund for HCBS providers and \$18.9 million General Fund for nursing facilities.

HCBS providers will pay a starting wage of \$15 per hour for all caregivers, with an increase to \$15.50 per hour by July 1, 2022. Eligible providers include Assisted Living Facilities, Residential Care Facilities, Memory Care (Endorsed Units Only) and In-Home Agencies. The program will provide additional compensation to HCBS providers who submit documentation supporting that:

- The HCBS provider provides a starting wage of \$15 per hour or more for all caregivers, increased to \$15.50 per hour or more by the second year of the 2021-2023 biennium; and
- The HCBS provider has sent written communication to staff that includes reference to the Oregon Legislature establishing a wage add-on to Medicaid rates.

Compensation shall be an add-on of 10% of the Medicaid rate.

Nursing facilities will pay a starting wage of \$17 per hour for all Certified Nursing Assistants (CNAs), with an increase to \$17.50 per hour by July 1, 2022. The program will provide additional compensation to nursing facilities who submit documentation supporting that:

- The nursing facility provides a starting wage of \$17 per hour or more for all CNAs, increased to \$17.50 per hour or more by the second year of the 2021-2023 biennium; and
- The nursing facility has sent written communication to staff that includes reference to the Oregon Legislature establishing a wage add-on to Medicaid rates.

Compensation shall be an add-on of 4% of the Medicaid rate.

How to comment:

OHA welcomes public review and input. Please send written comments by 5 p.m. October 15, 2021 to jesse.anderson@dhs.oh.state.or.us .

Document accessibility:

For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact Jesse Anderson at 503-945-5772, 711 TTY or jesse.anderson@dhs.oh.state.or.us.



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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
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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.

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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Welfare, will determine compliance based on receipt of the completed application material, an investigation of information submitted, an inspection of the home, a completed home study and a personal interview with the provider. Certification requirements are reviewed biennially.

Community Nursing Services – Providers are enrolled Medicaid providers that are licensed registered nurses, licensed Home Health agencies; or Licensed In-Home agencies. Providers meet minimum requirements established in OARs including passing a criminal background check and having minimum direct care experience in LTC programs.

Community Living Supports Agency Provider- Providers are certified under OAR Chapter 411, Division 323 and endorsed to requirements described in OAR Chapter 411, Division 450. People providing direct services to a recipient must pass a Criminal History Check conducted by the state at a minimum of every two years. The agency must demonstrate proof of liability and operational insurance coverage as described in OAR 411-323-0030(3)(d). DHS verifies the qualifications of the provider every 5 years. Additionally, the Department can review at any time for cause. These providers are authorized to provide ADL, IADL and health related tasks during the course of attendant care, skills training, and relief care supports.

Community Transition Service Providers- Provider requirements at OAR 461-155-0526 Branch offices are responsible for verification prior to authorizing service and payment **Community Transportation, Individual provider-** Providers are enrolled Medicaid providers. Valid Oregon Driver's License is required. Individuals providing transportation must be at least 18 years of age, have a valid driver's license, a good driving record, and proof of insurance. People providing direct services to a recipient must pass a Criminal History Check conducted by the state. People providing direct services in the family home or working alone with a recipient must be at least 18 years of age; have ability and sufficient education to follow oral and written instructions and keep simple records; have training of a nature and type sufficient to ensure that the person has knowledge of emergency procedures specific to the individual being cared for; understand requirements of maintaining confidentiality and safeguarding individual information; display capacity to provide good care for the individual; and have the ability to communicate with the individual. With cause, providers may be subject to investigation or inquiries by the CDDP or the Department.

Community Transportation, Bus/Taxi- Transportation provided by common carriers, taxicab or bus will be in accordance with standards established for those entities.

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Community Transportation, Agency Provider- Licensing and certification requirements at OARs 411-325-0010 through 411-325-0480; ; 309-035-0100 through 309- 035-0190; OARs 309-041-0550 through 309-041-0830; 411-345-0010 through 411-345-0300; 411-360-0010 through 411-360-0310; 411-328-0550 through 411-328-830; 411-346-0100 through 411-346-0230; 411-450-0080. People providing transportation must also have a valid driver's license, a good driving record, and proof of insurance. With cause, providers may be subject to investigation or inquiries by the CDDP or the Department.

Developmental Disabilities Support Services Provider Organization- Providers are certified under OAR 411-323-0010 through 411-323-0070 and endorsed to requirements at OAR 411-340-0030, OAR 411-340-0040, OAR 411-340-0050, OAR 411-340-0070, OAR 411-340-0080, and OAR 411-340-0090, and OAR 411-340-0170. DHS verifies the qualifications of the provider at the time of the initial certification and every 5 years. Additionally, the department can review at any time for cause.

Group Care Homes for Children- Certification requirements at OAR 411.349-0000 through 411-3490020; 411-325-0010 through 411-325-0480; or 413-215-0000 through 413-215-0883. DHS Central Office is responsible for verification of provider qualifications biennially.

Habilitation Agency Provider - Providers are certified and endorsed under OARs 411-345-0000 through 411-345-0300 and OAR 411-323-0010 through 411-323-0070. People providing direct services in the family home or working alone with a recipient must pass a Criminal History Check conducted by the state at a minimum of every two years.

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Demonstrate proof of liability and operational insurance coverage as described in OAR 411-323-0030(3) (d). DHS verifies the qualifications of the provider every 5 years. Additionally, the department or the can review at any time for cause. These providers are authorized to provide ADL, IADL and health related tasks during the course of community living and inclusion supports and alternative to employment services.

Home Care Worker- Certification requirements at OAR 411-031-0020 - 0050. Branch offices are responsible for verification of provider qualifications at initial authorization. Criminal background checks are conducted initially and every 2 years.

In-Home Care Agency- Licensing requirements at OAR 333-536-0000 through 0100 and OAR 411-030-0002 through 0090. DHS Central office is responsible for verification of provider qualifications upon the execution and renewal of contracts.

Personal Support Worker- Requirements for qualification at OAR 411-375-0020. The Department is responsible for verification of these provider qualifications. Criminal background checks are conducted initially and every 2 years. . Personal Support Workers providing transportation must also have a valid driver's license, a good driving record, and proof of insurance as verified by the CDDP, Brokerage, or the Department. A representative of the CDDP, brokerage, the Department or family will verify that the person can provide the care needed by the individual. The common law employer (employer of record) is responsible for informing and training regarding the specific care needs of the individual. With cause, providers may be subject to investigation or inquiries by the CDDP or the Department.

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Local Transportation Authorities- DHS/Provider contract specifications. DHS Central Office is responsible for verification of provider qualifications upon execution of renewal of contracts. Contracts are renewed every 2 years.

Residential Care Facilities- 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).

Residential Treatment Facility for Mentally or Emotionally Disturbed Persons- License Licensed by the Oregon Health Authority under OAR 309-035-0110. Licenses are renewed every two years.

Skills Trainers- are hired or monitored by licensed, certified or specialty programs including Adult Foster Care, Adult Group Homes, Assisted Living Facilities, Community Living Supports Providers, Developmental Disabilities Support Services Provider Organizations, Group Care Homes, Habilitation Agency Providers, In-home Care Agencies, In-Home Support Provider Agency, Residential Care Facilities, Residential Treatment Facilities/Homes Specialized Living Services and Supported Living Agency providers that have demonstrated expertise in serving the targeted individuals.

Specialized Living Services- Certification requirements at OAR 411-065-0000 through 0050. Branch offices are responsible for verification of provider qualifications prior to executing a contract and annually thereafter. These service providers are authorized to provide ADL, IADL and health related tasks as well as acquisition services.

Supported Living Agency Provider - Providers are certified and endorsed under OARs 411-328-0550 through 411-328-0830 and OAR 411-323-0010 through 411-323-007. People providing direct services in the recipient's home or working alone with a recipient must pass a criminal history check conducted by the state at a minimum of every two years. The agency must demonstrate proof of liability and operational insurance coverage as described in OAR 411-323-0030(3) (d). Provider qualifications must be rechecked every 5 years. Additionally, the department or the CDDP can review at any time for cause.

Enhanced Wage Add-On Program

The enhanced wage add-on program is designed to support Home and Community Based Services (HCBS) providers with retention of caregivers by paying a starting wage of \$15 per hour for all caregivers, with an increase to \$15.50 per hour. Eligible providers include Assisted Living Facilities, Residential Care Facilities, Memory Care (Endorsed Units Only) and In-Home Agencies. The program will provide additional compensation to HCBS providers who meet the following criteria:

- The HCBS provider shall submit documentation supporting that it provides a starting wage of \$15 per hour or more for all caregivers, increased to \$15.50 per hour or more by the second year of the 2021-2023 biennium.
- The HCBS provider shall submit documentation of written communication to staff that includes reference to the Legislature establishing a wage add-on to Medicaid rates

Compensation shall be an add-on of 10% of the Medicaid rate. A HCBS provider may be eligible between October 1, 2021 and June 30, 2023.

TN 16-0008
Supersedes TN 12-14

Approval Date 12/6/16

Effective Date: 9/1/16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

- (B) 62nd percentile for a reduction of 1,350 or more beds but less than 1,500 beds.
- (C) 61st percentile for a reduction of 1,200 or more beds but less than 1,350 beds.
- (D) 60th percentile for a reduction of 1,050 or more beds but less than 1,200 beds.
- (E) 59th percentile for a reduction of 900 or more beds but less than 1,050 beds.
- (F) 58th percentile for a reduction of 750 or more beds but less than 900 beds.
- (G) 57th percentile for a reduction of 600 or more beds but less than 750 beds.
- (H) 56th percentile for a reduction of 450 or more beds but less than 600 beds.
- (I) 55th percentile for a reduction of 300 or more beds but less than 450 beds.
- (J) 54th percentile for a reduction of 150 or more beds but less than 300 beds.
- (K) 53rd percentile for a reduction of 1 to 149 beds.

4. For the period beginning July 1, 2018 through June 30, 2026, the rate is set at the 62nd percentile of allowable costs (both direct and indirect).

B. Quality and Efficiency Incentive Program.

The Quality and Efficiency Incentive Program is designed to reimburse quality nursing facilities that voluntarily reduce bed capacity. This design increases statewide occupancy levels and enhances efficiency with the goal of slowing the growth of system-wide costs. As a result of the increased occupancy rates, nursing facilities that participate are likely to increase staffing levels and consolidate resources to improve the quality of care.

Only nursing facilities that meet strict quality criteria are eligible. A quality/qualifying nursing facility must have evidence of compliance with nursing facility regulations such that the health, safety or welfare of residents is or was not jeopardized. A quality nursing facility is determined eligible by multiple components including being a licensed facility by the Department, being in substantial compliance with annual licensing and recertification surveys and having no substantiated facility abuse within the preceding six months.

C. Enhanced Wage Add-on Program

The Enhanced Wage Add-on Program is designed to support nursing facilities with retention of Certified Nursing Assistants (CNAs) by paying a starting wage of \$17 per hour for all CNAs, with an increase to \$17.50 per hour by the second year of the 2021-2023 biennium.

A nursing facility must submit documentation of meeting the criteria prior to being eligible for the Enhanced Wage Add-on Program. Nursing facilities who meet the criteria of the Program will receive an add-on of 4% of the Medicaid rate. A nursing facility may be eligible between

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October 1, 2021 and June 30, 2023.

TN 18-0008

Approval Date: 1/10/19

Effective Date: 2/1/19

Supersedes TN 16-0004

Transmittal # 11-16
Attachment 4.19-D, part 1
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OMB No.: 0938-1136

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19 (D) of this state plan.

Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

Additional Other Provider-Preventable Conditions identified below:

TN No. 11-16
Supersedes TN No.

Approval Date: 6/18/12

Effective Date: 10/1/2011