

Public notice

Notice of intent – OHA will amend the Medicaid State Plan to update rates under the 1915(k) plan option.

Date: June 27, 2025

Contact: Jesse Anderson, State Plan manager

Comments due: 5 p.m. Friday, July 25, 2025

Oregon Health Authority (OHA) intends to submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services. The SPA will amend the Medicaid State Plan to increase rates for assisted living, residential care and memory care facilities, and in-home care agency services provided under the 1915(k) state plan option, effective July 1, 2025.

Background

The rate increase is part of the overall budget for the Oregon Department of Human Services Aging and People with Disabilities and the Office of Developmental Disabilities Services, outlined in Senate Bill 5526 (2025 Regular Session).

The estimated federal fiscal impact for the biennium is approximately \$30 million.

Obtaining SPA language

The following pages show edits to existing State Plan language in the proposed SPA and the July 1 rates. 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, July 25, 2025, to jesse.anderson@oha.oregon.gov.



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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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 ~~July 1, 2025~~January 1, 2025.

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.

Rate Schedule – Effective July 1, 2025

Rates apply to Medicaid Services funded by Aging and People with Disabilities.

Room and Board	In-Home Allowance	Personal Incidental Funds
AB \$752.00	As of January 1, 2022, APD will be able to keep their entire income.	NF \$79.07
AD/OAA \$752.00		CBC \$215.00

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
Base	\$2,863	\$2,120	Level 1	\$1,980
Base plus 1 add-on	\$3,421	\$2,506	Level 2	\$2,454
Base plus 2 add-ons	\$3,979	\$2,892	Level 3	\$3,079
Base plus 3 add-ons	\$4,537	\$3,278	Level 4	\$3,866
Hourly Exception Rate	\$20.18 / Hr.	\$19.50 / Hr.	Level 5	\$4,649
Standard Ventilator (1-2)		\$17,000		
Standard Ventilator (3)		\$15,500		
Standard Ventilator (4-5)		\$14,000		

Memory Care (Endorsed Units Only)	\$6,346
--	----------------

Nursing Facility	Daily Rate	Monthly Comparable	AFH Specific Needs Contract Types		Homecare Workers (HCW) Effective 1/12/2025	
Basic	\$546.36	\$15,864.18	Advanced	\$9,769	Hourly Step 1*	\$20.00
Bariatric	\$1,010.77	\$29,993.60	Bariatric	\$9,769	CPR/First Aid	+ \$0.25
Complex	\$764.90	\$22,514.73	Basic	\$8,548	Enhanced	+ \$1.00
Enhanced	\$764.90	\$22,514.73	Complex	\$12,546	Professional Dev.	+ \$0.75
Pediatric	\$1,544.57	\$46,230.73	ECOS	\$3,830	Enhanced w/ PDC	+ \$1.75
Ventilator	\$1,283.95	\$38,303.19	TBI	\$8,998	Exceptional	+ \$3.00

***HCW may qualify for a higher step. See Appendix A of Collective Bargaining Agreement. DO NOT CHANGE THE HOURLY RATE**

Rate Schedule – Effective July 1, 2025

PACE Organization	Medicaid Only Rate	Medicare/Medicaid Rate
Providence ElderPlace	\$9,205.07	\$6,792.61

Other Services	ICP Monthly Benefit Calculation
<p>Home Delivered Meals: \$12.25/meal</p> <p>Long Term Care Community Nursing Services: \$25.00/15-minute unit of service</p> <p>In-Home Agencies: \$39.40/Hr.</p> <p>Service Assessment: \$118.20</p> <p>Mileage, non-medical: \$0.56/Mile</p> <p>Adult Day Services: \$115.24</p> <p>Contact List for Specific Needs Contracts</p>	<p style="text-align: center;">Multiply Total Assessed Hours by:</p> <ul style="list-style-type: none"> • PSW Rate \$20.00 (+\$3.00 if VDQ) + • FICA = 7.65% + • FUTA = .9% + • SUTA= 2.4% + • WBF = .01 cents/Hr. <p style="text-align: center;">Add: Assessed Mileage x \$.56/Mile = Total Service Payment</p>