

## REQUEST FOR COMMENTS

### OREGON DHS AND OHA SEEK PUBLIC COMMENT ON PROPOSED CHANGES TO HCBS STATEWIDE TRANSITION PLAN

**COMMENTS DUE:** December 17, 2018

The Department of Human Services (DHS) and Oregon Health Authority (OHA) ask all individuals receiving Home and Community-Based Services (HCBS), family members, advocates, stakeholder groups, providers, delivery system representatives, and the broader community to review the amended HCBS Statewide Transition Plan (STP) and submit their comments to help achieve final approval of the STP by the Centers for Medicare & Medicaid Services (CMS).

The amended STP has been posted online at <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/Transition-Plan.aspx>.

Paper copies of the STP are posted at local DHS offices. An individual may view or request a paper copy of the plan at any local DHS office or at the Human Services Building at 500 Summer Street NE in Salem.

**PROPOSAL:** DHS and OHA amended the STP by outlining how Oregon will ensure that the way Oregon gets Medicaid reimbursement for HCBS services will fully comply with current federal rules by March 17, 2022.

All of Oregon's HCBS providers have gone through an assessment to determine their compliance. Of these facilities, nineteen were identified as requiring Federal Heightened Scrutiny, which means that CMS will decide whether these facilities comply with federal HCBS rules as the setting presumably is institutional based on CMS criteria. The STP details how these settings can overcome this presumption.

**BACKGROUND:** In 2014, CMS issued new rules to define HCBS settings. Specifically, the CMS HCBS rules:

- Require HCBS settings to be more home-like and less institutional.
- Require a better recognition and assurance of service recipients' rights and freedoms. This includes the right to have visitors at a time they choose, have access to their own food when they wish, or lock the door to their room, if they so choose.

The purpose of the HCBS rules is to ensure that HCBS recipients can seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.

To be eligible for Oregon Medicaid payments, HCBS providers must comply with these rules. This is because Oregon receives federal matching funds only if the service setting complies with these rules.

This is important to Oregon, and the residents who benefit from these services, because the federal government pays for approximately 70 percent of the cost of Medicaid HCBS through federal matching funds.

Initially, CMS gave states up to five years to comply (2019 deadline) but recently extended the deadline to 2022 for states that request an extension.

Oregon is considered a national leader in creating home and community-based service options. The state wants to maintain the maximum level of independence for Oregonians who currently receive HCBS or may require them in the future.

**DEADLINE FOR COMMENTS:** Deadline for comments is December 17, 2018. Mailed responses must be received by this date in order to be considered.

**HOW TO COMMENT:** Please submit comments in one of these methods:

- Send an email to [hcbs.oregon@state.or.us](mailto:hcbs.oregon@state.or.us); or
- Send written comments to HCBS Transition Plan Comments, 500 Summer Street NE E-09, Salem, OR 97301.

**NEXT STEPS:** OHA and DHS will consider all comments received. The final amended Statewide Transition Plan is due to CMS by December 28, 2018.