Application for

Section 1915(b) (4) Waiver
Fee-for-Service
Selective Contracting Program

November 1, 20**23**

v1.0

Table of Contents

Application for Section 1915(b) (4) Waiver
Fee-for-Service (FFS) Selective Contracting Program

Facesheet

The **State** of **Oregon** requests a waiver/amendment under the authority of section 1915(b) of the Act**. Oregon** Department of Human Services (O**DHS**), the designated operating agency will directly operate the waiver.

The **name of the waiver program** is:
Office of Developmental Disabilities Services Selective Contracting 1915(b)(4) Waiver - Waiver Case Management.
This waiver encompasses the following 1915(c) HCBS waivers:

- Children's HCBS Waiver (#0117), ICF/IID Level of Care (LOC);
- Adults' HCBS Waiver (#0375), ICF/IID LOC;
- Behavioral Model Waiver (#40194), ICF/IID LOC;
- Medically Fragile Children's Waiver (#40193), Hospital LOC; and
- Medically Involved Children's Waiver (#0565), Nursing Facility LOC.

Type of request. This is:
☐ an initial request for new waiver. All sections are filled.
☐ a request to amend an existing waiver, which modifies Section/Part ____
☒ a renewal request

Section A is:
☐ replaced in full
☐ carried over with no changes
☒ changes noted in **BOLD**.

Section B is:
☐ replaced in full
☒ changes noted in **BOLD**.

Effective Dates: This waiver/renewal/amendment is requested for a period of _5_ years beginning **11/01/2023** and ending **10/31/2028.**
This waiver may be considered for a five-year period because it meets the requirements of Section 2601 of the Affordable Care Act as outlined in SMDL #10-022 dated November 9, 2010.

State Contact: The State contact person for this waiver is **Chris Pascual, OHA/ODHS/CMS Liaison**, Oregon Health Authority, **Health Systems Division, Medicaid Policy** and can be reached by telephone at (503**) 572-0470**, or e-mail at **chris.pascual@oha.oregon.gov.**

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation:

Describe the efforts the State has made to ensure that Federally recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal (if additional space is needed, please supplement your answer with a Word attachment).

Oregon submitted notice to the Oregon Tribes on **June 23, 2023**, prior to submission of this application. Oregon will continue to notify the Tribes as any changes occur throughout the approval process. The proposed change does not negatively impact the Tribes or on any tribal members. The changes proposed are administrative in nature.

Program Description:

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver (if additional space is needed, please supplement your answer with a Word attachment).

ODDS, with its contracted community partners, provides waiver case management services to approximately **34**,000 individuals enrolled in the five 1915(c) HCBS waivers it operates. Through the concurrent 1915(c)/ (b)(4) waiver allowing selective contracting, **ODHS** will provide Waiver Case Management through the existing case management service delivery model.
State-trained assessors employed by the contracted entities complete the level of care and functional needs assessments. Only Waiver Case Management services will be provided under this selective contracting waiver to individuals enrolled in one of the following five 1915(c) waivers and operated by ODDS:

- Children's HCBS #0117- provided by Community Developmental Disability Program (CDDP) and/or **ODHS**, ODDS staff;
- Adults' HCBS #0375- provided by Community Developmental Disability Program (CDDP), Support Services Brokerage and/or **ODHS**, ODDS staff;
- Hospital Model #40193- provided by **ODHS**/ODDS and/or CDDP staff:
- Behavioral Model #40194 - provided by **ODHS**/ODDS and/or CDDP staff; and
- Medically Involved Children's Model #0565 provided by **ODHS**/ODDS and/or CDDP staff.

Waiver case management services are services furnished to assist individuals, eligible under the waiver programs listed above, in gaining access to needed medical, social, educational and other services. Waiver case management includes the following assistance:
Assessment and periodic reassessment of individual needs:
These annual assessment (more frequent with significant change in condition) activities include:

- Taking client history;

- Coordinate with state-trained assessor who may conduct the functional needs assessment/LOC;
- Evaluation of the extent and nature of recipient's needs (medical, social, educational, and other services) and completing related documentation;
- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

To help an eligible individual obtain needed services including activities that help link and individual with:

- Medical, social, educational providers; or
- Other programs and services capable of providing needed services to address identified needs and achieve goals specified in the care plan such as making referrals to providers for needed services, and scheduling appointments for the individual.

Monitoring and follow-up activities:

Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. The activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:

- Services are being furnished in accordance with the individual's care plan;
- Services in the care plan are adequate; and
- If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.
- additional monitoring as needed which may include the review of records and encounter data to ensure that needed services are provided in accordance with the individual's person-centered service plan.
- Information and assistance in support of participant direction as it pertains to employer authority.

Waiver case management may include contact with non-eligible individuals, that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e)).

Providers maintain case records that document for all individuals receiving case management as follows:

(I) The name of the individual;

(ii) The dates of the case management services;

(iii)The name of the provider agency (if relevant) and the person providing the case management service;
(iv) The nature, content, units of the case management services received and whether goals specified in the care
plan have been achieved;
(v) Whether the individual has declined services in the care plan;
(vi) The need for, and occurrences of, coordination with other case managers/state-trained assessors;
(vii) A timeline for obtaining needed services;
(viii) A timeline for reevaluation of the plan.

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM 4302.F)).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)). All costs are consistent with the State's approved cost allocation plan and are in compliance with 2 CFR Part 225.

By utilizing the current provider network, Oregon is assuring that clients' case management services are coordinated and seamless with other services offered under the various Medicaid authorities.

Waiver Services:

Please list all existing State Plan services the State will provide through this selective contracting waiver.

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

X 1915(b) (4) - FFS Selective Contracting program

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:
   a. ☐ **Section 1902(a) (1) - Statewideness**
   b. **X** **Section 1902(a) (10) (B) - Comparability of Services**
   c. **X** **Section 1902(a) (23) - Freedom of Choice**
   d. ☐ **Other Sections of 1902 – (please specify)**

B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:
   ☐ the same as stipulated in the State Plan
   X is different than stipulated in the State Plan (please describe)

Oregon will pay for qualifying waiver case management (WCM) activities on a per-contact-per-day methodology. Oregon will limit payment to one WCM contact per individual per day. If two distinct, qualifying WCM contacts are provided to a single individual in a single day, Oregon will only pay for one WCM contact for that individual. Conducting functional needs assessment is excluded from this limitation.

The WCM rate is derived using the following formula:
Total cost to **ODHS**, ODDS to provide WCM divided by projected biennial waiver case management contacts.
The total cost to **ODHS** of providing WCM includes:
• WCM staff salary and other personnel expenses;
• Supervisory salary and other personnel expenses in support of WCM services; and
• Indirect expenses (General government service charges, worker's comp, property insurance, etc.).

The sum of these expenses is then multiplied by a percentage determined by the Legislature. This amount is divided for the biennium to allow a maximum amount of billing per month. Funding is not released until a waiver case management claim has been filed. Some months, waiver case management entities may not receive the maximum amounts, whereas, other months they may exceed the maximum amounts in claims, but the system will only release the maximum monthly amount.

ODDS staff monitors WCM utilization to ensure services are being administered economically and efficiently. Monthly reports of the waivered case management billing are generated, and ODDS staff are able to determine which waiver case management entities are meeting the expected number of waiver case management contacts. ODDS does not pay for services that have not been delivered so there is little need for reconciliation. Reconciliation may occur as a result of a quality assurance review finding.

New WCM contact rates will be established at the beginning of each state biennium period using this same methodology.

Payment for WCM services does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Payment for WCM services under the Children's HCBS Waiver (#0117), Medically Involved Children's Waiver (#0565), Medically Fragile Children's Waiver (#40193), Behavioral Model Waiver (#40194) and Adults' HCBS Waiver (#0375) are made only for participants enrolled in one of those waiver programs. A system edit confirms the participant's eligibility and enrollment in the waiver and that a Community Developmental Disability Program, the Department of Human Services, Children's Intensive In-Home Services Unit or a Support Services Brokerage is designated as the provider of the waiver case management service. System edits assure that only waiver-enrolled individuals receive WCM services.

Case managers and state-trained assessors are employees of a Community Developmental Disabilities Program (CDDP), Support Services Brokerage, or employees of **ODHS**, Office of Developmental Disabilities Services (ODDS), and other public or private agency, contracted by a local community mental health authority or Office of Developmental Disabilities Services (ODDS).

2. **Procurement.** The State will select the contractor in the following manner:
   ☐ Competitive procurement
   ☐ Open cooperative procurement
   ☐ Sole source procurement
   X Other (please describe)

Oregon Department of Human Services contracts with CDDPs and Support Services Brokerages to provide waiver case management services to individuals enrolled in ODDS-operated 1915(c) HCBS waivers. **ODHS,** ODDS retains the right for its staff to provide waiver case management services.

C. Restriction of Freedom of Choice

1. **Provider Limitations**.
   ☐ Beneficiaries will be limited to a single provider in their service area.
   X Beneficiaries will be given a choice of providers in their service area.
   (NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

   - Children enrolled in the Children's HCBS Waiver #0117 will receive waiver case management services through the local Community Developmental Disabilities Program (CDDP) providing services in the geographical area in which they reside. CDDPs are Local/Regional non-state public agencies or Local/Regional non-governmental, non-state agencies that are responsible for determining eligibility, planning and delivery of services and providing waiver case management services as authorized under this 1915(b)(4) waiver for persons with intellectual disabilities or other developmental disabilities. CDDPs operate in all areas of the state under Intergovernmental Agreement (IGA) or contracts with

ODHS or a local mental health authority. **ODHS** retains the authority to provide waiver case management services in any county of the state as needed.

Adults enrolled in the Adults' HCBS Waiver #0375 will receive waiver case management services through **ODHS**, Office of Developmental Disabilities Services (ODDS), a local Community Developmental Disabilities Program (CDDP), or **ODHS**-contracted Support Services Brokerage of their choice providing services in the geographical area in which they reside. **ODHS,** ODDS, CDDPs, and Brokerages oversee the assessment of individual need, write and authorize the individual support plan (ISP), conduct initial evaluation and annual reevaluations of the need for ICF/IID LOC, and coordinate and monitor services. **ODHS**, ODDS, CDDPs and Brokerages assist individuals to access providers who deliver the waiver services described in the individual support plan (ISP)

- Children enrolled in one of the Model Waivers (#40193, #40194, #0565) will receive waiver case management services from employees of the **ODHS**, Office of Developmental Disabilities Services, Children's Intensive In-Home Services Unit.

2. **State Standards.**

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents.

There is no difference in the state standards.

D. Populations Affected by Waiver

(May be modified as needed to fit the State's specific circumstances)

1. **Included Populations.** The following populations are included in the waiver:

☐ Section 1931 Children and Related Populations

☐ Section 1931 Adults and Related Populations

X Blind/Disabled Adults and Related Populations

X Blind/Disabled Children and Related Populations

☐ Aged and Related Populations

X Foster Care Children

☐ Title XXI CHIP Children

X Other (Please define):

Waiver Case Management services will be provided under this selective contracting waiver to individuals enrolled in one of the following five 1915(c) waivers operated by ODDS:

- Children's HCBS Waiver (#0117), ICF/IID Level of Care (LOC);
- Adults' HCBS Waiver (#0375), ICF/IID LOC;
- Behavioral Model Waiver (#40194), ICF/IID LOC;
- Medically Fragile Children's Waiver (#40193), Hospital LOC; and
- Medically Involved Children's Waiver (#0565), Nursing Facility LOC.

2. **Excluded Populations.** Indicate if any of the following populations are excluded from participating in the waiver:

☐ Dual Eligibles

☐ Poverty Level Pregnant Women

☐ Individuals with other insurance

X Individuals residing in a nursing facility or ICF/MR

☐ Individuals enrolled in a managed care program

☐ Individuals participating in a HCBS Waiver program

☐ American Indians/Alaskan Natives

☐ Special Needs Children (State Defined). Please provide this definition.
Click here to enter text.

☐ Individuals receiving retroactive eligibility

☐ Other (Please define): Click here to enter text.

Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid enrollee access to the contracted services, *i.e.,* what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid enrollee access to the services covered under the selective contracting program?

State Clarification: The waiver case management service and provider standards are described in Appendix C of the §1915(c) waivers.

The Department measures timeliness of enrollee access to services the following ways:

1) eXPRS. The Department monitors access to waiver case management via claims data in eXPRS.
Waiver case management is a required service for all HCBS waiver beneficiaries. Case management services covered by HCBS waivers are authorized in eXPRS. All HCBS waiver

services, including case management, are authorized in the form of a prior authorization that is entered in eXPRS. Every service agreement includes the identification of the enrollee's case manager. The authorization is based on a comprehensive and individualized assessment of need and the individual support plan to address those needs. Case managers/state-trained assessors are required by law to complete assessments and reevaluations. Case managers assist in planning and arranging services and authorize needed services and monitor the services being provided. The amount of additional case management included in an individual support plan is determined based on the individual's needs and the level of involvement the individual wishes the case manager to have.

2) Site Reviews. The Department conducts site reviews of CDDPs, brokerages and tribes to monitor their compliance with HCBS waiver program policies and procedures. At the conclusion of a review the Department issues a summary report that includes recommendations for program improvements (i.e., sharing best practice ideas) and corrective actions required for remediation. Corrective actions are issued if the CDDP, brokerage or tribe being reviewed is found to be out of compliance with HCBS waiver policies and procedures. The CDDP, brokerage or tribe is required to submit a corrective action plan and evidence of remediation. The Department evaluates whether the correction and evidence are sufficient to demonstrate that the remediation has occurred.

The Department ensures access to services in the following ways:

1) During the site reviews, staff read a sample of client files to evaluate the frequency of face-to-face contacts with enrollee. Entities that do not have documentation in the case file of a face-to-face visit are identified as not meeting the required standard. Information from the reviews is maintained in a database.
When it is determined a contracted entity is out of compliance, a corrective action is issued and the entity must submit a corrective action plan within 45 days. This plan will show the steps the entity will take to ensure that case managers and state-trained assessors are completing the required visits and activities in the future, to assure remediation. The plan may include additional training, adjusting case load sizes, and/or setting up a system to monitor the visits and activities.
2) The eXPRS design supports HCBS waiver policies and procedures, including those related to case management. The Department uses data from eXPRS to monitor waiver case management activities The Department will report on the timely access to wavier case management in accordance with the §1915(c) waiver requirements

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion (if additional space is needed, please supplement your answer with a Word attachment).

   All Medicaid-eligible individuals determined to have a qualifying disability have access to non-waiver case management. The state has no waiting list for case management services nor does it expect to have one. The case management workload budgeting model accounts for forecasted case load growth and includes necessary resource amounts needed to add case managers where needed, therefore all Medicaid-eligible individuals determined to have a qualifying disability have access to case management services.

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).
   All waiver enrollees have access to waiver case management services through either one of Oregon's **25** CDDPs, 14 Brokerages or **ODHS**, ODDS. CDDPs operate in all areas of the state under Intergovernmental Agreements or contract with **ODHS** or a local mental health authority. **ODHS** retains the authority to operate as a CDDP in any county of the state as needed. Support Service Brokerages operate in all areas of the state under contract with **ODHS**.

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program.

All waiver enrollees have access to waiver case management services through either one of Oregon's **25** CDDPs, 14 Brokerages or **ODHS**, ODDS. CDDPs operate in all areas of the state under Intergovernmental Agreements or contract with **ODHS** or a local mental health authority. **ODHS** retains the authority to operate as a CDDP in any county of the state as needed. Support Service Brokerages operate in all areas of the state under contract with **ODHS.**

Counties may subcontract with qualified private vendors for waiver case management services in order to manage capacity and workload. The Department monitors the number of enrollees receiving waiver case management through eXPRS data and monitors access to waiver case management through site reviews. Site reviews include evaluating the timeliness and availability of waiver case management services.
Federally recognized tribes that contract with the Department may also provide case management services. Members of these tribes may choose to receive waiver case management through their tribe, if the tribe has a contract with the Department to provide case management services, CDDP, Brokerage or **ODHS**, ODDS. The case management service and provider standards are described in {Appendices B1 and B2} or Appendix C of the §1915(c) waivers.

C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective

contracting program to determine appropriate Medicaid enrollee utilization, as defined by the utilization standard described above?

As part of the site reviews conducted by the **ODHS** QA team biennially, staff read a sample of client files to evaluate the frequency of contacts with the enrollee, as established in the ISP. Entities that do not have documentation in the case file of contacts as identified in the ISP are considered as not meeting the required standard. Each individual receiving services should have no fewer than one needs assessment and person-centered service plan conducted per year. Dependent on an individual's unique needs, monitoring will be conducted as identified in the ISP, but no less frequently than quarterly.

The Department monitors the program through eXPRS. The Department uses eXPRS claims data to measure the amount of waiver case management provided on a monthly basis. This data shows the amount of waiver case management received on a per person monthly basis. The data include enrollees who were covered fee-for-service in an HCB waiver case management services.

The data may under report waiver case management activities provided because providers may submit claims within a year of the date the service was provided. The Department does not believe that the underreporting has a significant effect because the vast majority of claims are processed within nine months following the date of service.

The data shows that most **ODHS** contracted entities are reporting, on average, 3 or more encounters per case manager per day. The Department realizes that not all activities performed by the case manager are billable.

2. Describe the remedies the State has or will put in place in the event that Medicaid enrollee utilization falls below the utilization standards described above (if additional space is needed, please supplement your answer with a Word attachment).

Remedies include:

1) Fair Hearings.
Waiver enrollees receive information about fair hearing rights at the time they are enrolled in Medicaid, are screened and approved or denied for Home and Community-Based waiver services, annually as a part of the person-centered planning process, and any time a Medicaid service is denied, terminated, suspended or reduced. If enrollees are concerned with their HCB waiver services they may request a fair hearing.

The Department monitors fair hearing requests related to HCBS including the topic of the hearing and final disposition. Staff reviews the data on a regular basis to identify trends or issues that may require training, policy clarification, or other follow-up. The data is maintained in a database and summarized in periodic reports (at least twice a year).

2) Contract and Site Reviews.
Information from the reviews is maintained in a database that is monitored for frequency of case manager face-to-face contact and assessments and periodic reassessments being completed. Corrective actions are issued if the CDDP/Brokerage or tribe being reviewed is

found to be out of compliance with waiver case management policies and procedures. The CDDP/Brokerage or tribe is required to submit a corrective action plan and evidence of the correction.

Contracts allow for the Department to take corrective action in reducing funding and/or voiding erroneous waiver case management claims if the CDDP/Brokerage or tribe has not followed through on corrective actions by the date prescribed in the review findings report.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

    a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

        i Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.

Department staff will evaluate the quality of waiver case management services by each contracted entity. Review of these services will be measured in regularly scheduled site visits for each entity providing services around assessment and periodic reassessment of individual needs, development (and periodic revision as needed) of an individual support plan, resource referral and related activities and monitoring and follow-up activities. These services (discussed in Section A, Part 1, Waiver Services) will be evaluated through individual file review of level of care assessments, functional needs assessments, annual individual support plans, service agreements, incident report follow up and waiver case management encounter case note documents. A report evaluating compliance with waiver case management assurances will be issued to each contracted entity following the review. The individual enrollee findings will be provided as a part of the report. Regularly scheduled site reviews will also assure compliance with Center for Medicare and Medicaid (CMS) rules and regulations, and compliance with Oregon Administrative Rules (OAR).

        ii Take(s) corrective action if there is a failure to comply.

A written plan of correction is required from the contracted entity for all areas not in compliance and must include a correction to the existing problem and identify needed changes in policy, practice and/or training in order to prevent future problems. **ODHS**, ODDS staff work with the contracted entity to assure the corrective actions are implemented and effective.

2. Describe the State's contract monitoring process specific to the selective contracting program.

    a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

i Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.
ii Take(s) corrective action if there is a failure to comply.

1) The Department monitors fair hearing requests, complaints and Administrative Reviews related to HCBS including the topic and the outcome. Staff reviews the data on a regular basis to identify trends or issues that may require training, policy clarification or other follow-up. The data is maintained and summarized annually.

2) **ODHS** conducts on-site reviews with the contracted entity on a regularly scheduled cycle or as needed based upon indicators of service delivery issues such as complaints or serious events**. ODHS** samples client records including case notes, service plans, monitoring records, documentation of serious events and abuse reports. **ODHS** conducts a review of the contracted entity's policies and business processes including offering of client service choice and right to file grievances and complaints and the contracted entity's grievance log to assure that each entity is complying with established OARs, ORS and CMS regulations as well as benchmark standards.

3) Case management services covered by HCBS waivers are authorized in eXPRS. The authorization is based on a comprehensive and individualized assessment of need and the service plan to address those needs. Case managers/state-trained assessors are required by law to provide assessments and reevaluations. Case managers assist in planning and arranging services and authorize needed services and monitor the services being provided. The amount of additional waiver case management included in a service plan is determined based on the enrollee needs and the level of involvement the enrollee wishes the case manager to have. The Department monitors access to waiver case management via claims data.

4) The Department is in the process of establishing an electronic case management system. This will allow the waiver case management entity to enter waiver case management progress notes electronically and indicate a billable versus a non-billable service. This will then automatically bill through the eXPRS system. This will allow the Department to pull the claims filed in eXPRS and compare them to the electronic waiver case management note to assure services billed were in compliance.

5) The eXPRS system added a Plan of Care module in 2014 that allows all I/DD services to be maintained and billed in one system. This system has safeguards to prevent over-billing, billing when not eligible, and also prevents non-qualified providers from receiving payment.

Remedies: In addition to those listed above, **ODHS** provides a written report to the contracted entity identifying areas requiring correction and remediation. The contracted entity is required to submit a plan of correction to **ODHS** within 45 days. The plan of correction is monitored by **ODHS** - ODDS to assure correction occurs and that remediation is effective in addressing any issues identified**. ODHS**-ODDS may conduct follow-up reviews when significant issues have been discovered, there is a pattern of complaints regarding the contracted services provided and/or there is failure to make progress on actions identified in the plans of correction.

B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program

- Waiver case management services will not be used to restrict an individual's access to other services under Medicaid; [section 1902(a)(19)]
- Individuals will not be compelled to receive waiver case management services, condition receipt of waiver case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of waiver case management services; [42 CFR 441.18 (2) and (3)].
- Providers of waiver case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan. [42 CFR 431.10(e)].

Oregon administers many **Medicaid** services through contracted entities. This includes established infrastructures for such things as case management, adult and child protection, and provider recruitment and licensing. Contracted entities have delegated responsibilities for certain administrative activities such as waiver enrollment, prior authorization of waiver services, and utilization management. Contracted entities also have access to state computer systems for purposes of determining eligibility and authorizing waiver services.

Contracted entities are responsible for §1915(c) waiver eligibility determinations. Case managers/state-trained assessors are responsible to provide assessments and reevaluations. Case managers assist in planning and arranging services and authorize needed services and monitor the services being provided. Contracted entities are also expected to manage spending for waiver services.

Restricting case management in the §1915(c) waiver to entities under contract with the Department utilizes the existing service infrastructure, knowledge of local resources, proximity to enrollee and providers to arrange and monitor services, and the continuity of one entity being responsible for all aspects of case management (i.e., administrative activities and waiver case management services).

One entity is responsible for all aspects of case management (i.e., administrative activities and waiver case management services). Administrative activities carried out by case management entities are closely associated with and sometimes inextricably linked to waiver case

management services. Dividing these functions between these existing entities and an unlimited number of non-established providers under our current case management structure would cause duplication and add cost.

As described in Part II, Item C we said that we monitor participants' access to waiver services through fair hearings, eXPRS claims, and site review data.

1) Fair Hearings. When a fair hearing involves an HCBS waiver **ODHS**, ODDS forwards the request to the applicable contracted entity. Staff from ODDS review fair hearing requests concerning HCBS waivers to monitor for trends and patterns and identify case issues that may require follow-up.

2) eXPRS. Case management services are authorized in eXPRS. Case managers/state-trained assessors are required by law to provide assessments and reevaluations. Case managers assist in planning and arranging services and authorize needed services and monitor the services being provided. The amount of additional case management included in a service plan is determined based on the enrollee needs and the level of involvement the enrollee wishes the case manager to have. The Department monitors access to case management via claims data.

3) Site Reviews. Site reviews are conducted in all **25** CDDPs, 14 Brokerages and **ODHS,** ODDS on a two-year cycle for all Home and Community-Based services authorized under Section 1915(c) authority. Remediation is an ongoing process that will occur during the discovery phase. Individual remediation will occur when corrective action is needed in any one geographic area or field office. System-wide remediation activities will occur every two years, when required, based on statewide discovery and analysis. Both individual and system-wide remediation activities will require a corrective action plan.

Part IV: Program Operations

A. Enrollee Information

Describe how beneficiaries will get information about the selective contracting.
Waiver enrollees receive information about all of their home and community-based services and qualified provider options initially and at least every 12 months as a part of the service planning process. Waiver enrollees also receive information about fair hearing rights at the time they are enrolled in Medicaid, are screened and approved or denied for Home and Community-Based waiver services, and any time a Medicaid service is denied, terminated, suspended or reduced. If enrollees are concerned with their HCB waiver services, they may request a fair hearing.

B. Individuals with Special Needs?

X The State has special processes in place for persons with special needs.
This waiver operates concurrently with the §1915(c) waivers listed in Part I, Item D.

Participants who are enrolled in these HCBS programs all have special needs. A requirement of these HCBS waiver programs is that an individual's support plan must be developed for each enrollee. This plan would list the services that are necessary to meet a need identified in the enrollee's assessment and be for the direct benefit of the enrollee and must be related to the enrollee's disability.

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services.

Oregon administers many **Medicaid services** through contracted entities. This includes established infrastructures for such things as case management, adult and child protection, and provider recruitment and licensing. Contracted entities have delegated responsibilities for certain administrative activities such as HCBS program enrollment, prior authorization of services, and utilization management. Contracted entities also have access to state computer systems for purposes of determining eligibility and authorizing HCBS.

Entities under contract are responsible for HCBS programs eligibility determinations, level of care evaluations and reevaluations, needs assessments, and authorization and monitoring of services. Contracted entities are also expected to manage spending for services.

Restricting waiver case management services to entities under contract with the Department utilizes the existing service infrastructure, knowledge of local resources, proximity to beneficiaries and providers to arrange and monitor services, and the continuity of one entity being responsible for all aspects of waiver case management (i.e., administrative activities and waiver case management services).

Communication is streamlined and duplication minimized, because one entity is responsible for all aspects of case management (i.e., administrative activities and waiver case management services). Administrative activities carried out by contracted entities are closely associated with and sometimes inextricably linked to waiver case management services.

2. Project the waiver expenditures for the upcoming waiver period.

CHILDREN'S HCBS WAIVER

Year 1 from: **11/1/2023 to 10/31/2024**
Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost **$29,369,923.00**
Projected Waiver cost **$29,369,923.00**
Difference: __0_____

Year 2 from**: 11/1/2024 to 10/31/2025**
Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost _____**$31,190,858.00**
Projected Waiver cost $**31,190,858.00**

Difference: _0_____

Year 3 (if applicable) from: **11/1/2025 to 10/31/2026**
(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$33,124,692.00**
Projected Waiver cost **$33,124,692.00**
Difference: __0_____

Year 4 (if applicable) from**: 11/1/2026 to 10/31/2027**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$35,178,422.00**
Projected Waiver cost **$35,178,422.00**
Difference: ____0_____

Year 5 (if applicable) from**: 11/1/2027 to 10/31/2028**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$37,359,485.00**
Projected Waiver cost **$37,359,485.00**

Difference: ____0_____

Adults' HCBS WAIVER

Year 1 from: **11/1/2023 to 10/31/2024**

Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost _____ **$83,579,308.00**
Projected Waiver cost **$83,579,308.00**
Difference: _____0____

Year 2 from: **11/1/2024 to 10/31/2025**

Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost _____**$88,761,225.00**
Projected Waiver cost **$88,761,225.00**
Difference: ___0_____

Year 3 (if applicable) from: **11/1/2025 to 10/31/2026**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$94,264,421.00**
Projected Waiver cost **$94,264,421.00**

Difference: ___0_____

Year 4 (if applicable) from: **11/1/2026 to 10/31/2027**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$100,108,815.00**
Projected Waiver cost **$100,108,815.00**
Difference: ___0_____

Year 5 (if applicable) from: **11/1/2027 to 10/31/2028**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$106,315,562.00**
Projected Waiver cost **$106,315,562.00**
Difference: __0_____

CHILDREN'S BEHAVIORAL WAIVER

Year 1 from: **11/1/2023 to 10/31/2024**

Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost _____ **$537,565.00**
Projected Waiver cost **$537,565.00**
Difference: ___0_____

Year 2 from: **11/1/2024 to 10/31/2025**

Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost _____ **$570,894.00**
Projected Waiver cost **$570,894.00**
Difference: ____0_____

Year 3 (if applicable) from **11/1/2025 to 10/31/2026**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$606,289 .00**
Projected Waiver cost **$606,289.00**
Difference: ____0_____

Year 4 (if applicable) from: **11/1/20026 to 10/31/2027**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$643,879.00**
Projected Waiver cost **$643,879.00**
Difference: _____0____

Year 5 (if applicable) from: **11/1/2027 to 10/31/2028**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost **$683,800.00**
Projected Waiver cost **$683,800.00**
Difference: _____0____

MEDICALLY FRAGILE WAIVER

Year 1 from: **11/1/2023 to 10/31/2024**

Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost _____ **$445,198.00**
Projected Waiver cost **$445,198.00**
Difference: ____0_____

Year 2 from**: 11/1/2024 to 10/31/2025**

Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost _____**$472,801.00**
Projected Waiver cost **$472,801 .00**
Difference: ___0_____

Year 3 (if applicable) from: **11/1/2025 to 10/31/2026**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$502,114 .00**

Projected Waiver cost **$502,114.00**
Difference: _____0____

Year 4 (if applicable) from: **11/1/2026 to 10/31/2027**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$533,245.00**
Projected Waiver cost **$533,245.00**
Difference: ___0_____

Year 5 (if applicable) from: **11/1/2027 to 10/31/2028**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____**$566,306.00**
Projected Waiver cost **$566,306.00**
Difference: ____0_____

MEDICALLY INVOLVED CHILDREN'S WAIVER

Year 1 from: **11/1/2023 to 10/31/2024**

Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost _____ $**746,812 .00**
Projected Waiver cost **$746,812.00**
Difference: __0_____

Year 2 from: **11/1/2024 to 10/31/2025**

Trend rate from current expenditures (or historical figures):

Projected pre-waiver cost _____$**793,115.00**
Projected Waiver cost $**793,115.00**
Difference: ___0_____

Year 3 (if applicable) from: **11/1/2025 to 10/31/2026**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____$**842,288.00**
Projected Waiver cost $**842,288.00**

Difference: _0_____

Year 4 (if applicable) from: **11/1/2026 to 10/31/2027**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____$**894,510.00**
Projected Waiver cost $**894,510.00**
Difference: ____0_____

Year 5 (if applicable) from: **11/1/2027 to 10/31/2028**

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____$**949,969.00**
Projected Waiver cost **$949,969 .00**
Difference: __0_____