

## **Table of Contents**

**State/Territory Name: OR**

**State Plan Amendment (SPA) #: 21-0019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

February 2, 2022

Ms. Dana Hittle, Interim State Medicaid Director  
ATTN: Jesse Anderson, State Plan Manager  
Oregon Health Authority  
Medical Assistance Programs  
500 Summer Street NE E-65  
Salem, OR 97301

RE: State Plan Amendment 21-0019

Dear Ms. Hittle:

We have reviewed the referenced amendment to Attachment 4.19-D of your Medicaid State Plan. This amendment continues the increase to nursing facility ventilator rates at 235% of the base after the end of the public health emergency. CMS will transmit an updated package with the effective date once the public health emergency has ended.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This letter is to inform you that Medicaid State Plan Amendment is approved effective July 1, 2021. The CMS-179 and amended plan pages are enclosed.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Respectfully,



Rory Howe  
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**21-0019**

2. STATE  
Oregon

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**One day after the end of PHE**

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 447 Subpart C

7. FEDERAL BUDGET IMPACT:  
a. FFY 2022      \$ 322,771  
b. FFY 2023      \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Part 1, page 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-D, Part 1, page 12

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to continue the DR increase to the nursing facility Ventilator rate after the PHE period ends.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: The Governor  
does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME Dana Hittle

14. TITLE: Interim State Medicaid Director, OHA

15. DATE SUBMITTED: 11/12/21

16. RETURN TO:

Oregon Health Authority  
Medical Assistance Programs  
500 Summer Street NE E-65  
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: November 12, 2021

18. DATE APPROVED:  
February 2, 2022

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
One day after the end of the PHE

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Rory Howe

22. TITLE:  
Director, Financial Management Group

23. REMARKS:

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

For each facility, its allowable costs, less the costs of its self-contained pediatric unit or ventilator assisted Program (if any) is inflated from the mid-point of its fiscal reporting period to the mid-point of the following fiscal year, by projected changes in the DRI\* Index.

For each facility, its Allowable Costs Per Medicaid Day is determined using the allowable costs as inflated and resident days excluding days in a self-contained pediatric unit or ventilator assisted program unit as reported in the Statement.

- a. Complex Medical Needs Add-on Rate. The Complex Medical Needs Add-on Rate is 40 percent of the Basic Rate.
  - b. Ventilator Assisted Program rate is 235% of the basic rate.
2. For the period beginning July 1, 2007 through June 30, 2016, the Rate is set at the 63rd percentile of allowable costs (both direct and indirect).
  3. Nursing facility bed capacity in Oregon shall be reduced by 1,500 beds by December 31, 2015, except for bed capacity in nursing facilities operated by the Department of Veteran's Affairs and facilities that either applied to the Oregon Health Authority for a certificate of need between August 1, 2011 and December 1, 2012, or submitted a letter of intent under ORS 442.315(7) between January 15, 2013 and January 31, 2013. An official bed count measurement shall be determined and issued by the Department prior to July 1, 2016 and each quarter thereafter if the goal of reducing the nursing facility bed capacity in Oregon by 1,500 beds is not achieved.
    - a. (a) For the period beginning July 1, 2013 and ending June 30, 2016, the Department shall reimburse costs as set forth in section (1) of this rule at the 63rd percentile.
    - b. For each three-month period beginning on or after July 1, 2016 and ending June 30, 2018, in which the reduction in bed capacity in licensed facilities is less than the goal described in this section, the Department shall reimburse costs at a rate not lower than the percentile of allowable costs according to the following schedule:
      - (A) 63rd percentile for a reduction of 1,500 or more beds.

\* DRI compiled from *the IHA Economics, Healthcare Cost Review Report*, Table 6.7 titled "CMS Nursing Home without Capital Market Basket"