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State/Territory Name: OR

State Plan Amendment (SPA) #: 21-0021

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



Financial Management Group

February 8, 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 21-0021

Dear Ms. Hittle:

We have reviewed the referenced amendment to Attachment 4.19-D of your Medicaid State Plan. This amendment adds a nursing facilities and home and community-based services (HCBS) provider wage add-on incentive to support retention of trained staff of nursing facilities and HCBS providers.

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 October 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 FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 21-0021	2. STATE Oregon
	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 10/1/21	

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 42 CFR 441 Subpart k	7. FEDERAL BUDGET IMPACT: a. FFY 2021 2022 \$ \$154,740,107 b. FFY 2022 2023 \$ 154,740,107 \$11,509,595
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 26.a Attachment 4.19-D, Part 1, page 13.b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-D, Part 1, page 13.b

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to add a nursing facilities and Home and Community Based Services (HCBS) provider Wage Add-on Incentive Program.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME Dana Hittle	
14. TITLE: Interim State Medicaid Director, OHA	
15. DATE SUBMITTED: 12/9/21	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12/9/2021	18. DATE APPROVED: 2/8/2022
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2021	REGIONAL OFFICIAL:
21. TYPED NAME: Rory Howe	22. TITLE: Director, Financial Management Group
23. REMARKS: P&I to FFP and FYs agreed to on February 1st.	

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

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 Care givers by paying a starting wage of \$15 per hour for all Caregivers, with an increase to \$15.50 per hour by the second year of the 2021-2023 biennium. HCBS providers refer to Assisted Living Facilities, Residential Care Facilities, Memory Care (Endorsed Units Only) and In-Home Agencies.

HCBS providers must submit documentation of meeting the criteria prior to being eligible for the Enhanced Wage Add-on Program.

HCBS providers who meet the criteria of the Program will receive an add-on of 10% of the Medicaid rate.

HCBS providers may be eligible between October 1, 2021 and June 30, 2023.

TN 21-0021
Supersedes TN NEW

Approval Date 02/08/2022

Effective Date: 10/1/21

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

3. For the services rendered between October 1, 2013 and June 30, 2020, the Department shall set the relationship percentage to 93% and rebase annually.
4. Pediatric nursing facilities must comply with all requirements relating to timely submission of Nursing Facility Financial Statements.

E. Licensed Nursing Facility With a Self-Contained Pediatric Unit.

1. A nursing facility with a self-contained pediatric unit means a licensed nursing facility that cares for pediatric residents (residents under the age of 21) in a separate and distinct unit within or attached to the facility.
2. Nursing facilities with a self-contained pediatric unit will be paid in accordance with subsection C.2. of this section for pediatric residents cared for in the pediatric unit.
3. Nursing facilities with a self-contained pediatric unit must comply with all requirements related to timely submission of Nursing Facility Financial Statements and must file a separate attachment, on forms prescribed by the Division, related to the costs of the self-contained pediatric unit.

F. 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 October 1, 2021 and June 30, 2023.

IV. Public Process

The State has in place a public process which complies with the requirement of Section 1902(a)(13)(A) of the Social Security Act.