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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 23-0013

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



May 10, 2023

David Baden
Interim Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

Re: Oregon State Plan Amendment (SPA) OR-23-0013

Dear Mr. Baden:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-23-0013. This amendment proposes to temporarily extend, without modifications, the 5% increase in payment rates for Office of Developmental Disabilities Services (ODDS) and settings originally approved in Disaster Relief SPA OR-22-0028.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Oregon's Medicaid SPA Transmittal Number OR-23-0013 is approved effective May 12, 2023.

If you have any questions, please contact Nikki Lemmon at 303-844-2641 or via email at Nicole.Lemmon@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023 05.10
08:34 59 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 3

2. STATE

OR3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5/12/23

5. FEDERAL STATUTE/REGULATION CITATION

Title 19

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 1,876,249

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.5.B

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

NEW

9. SUBJECT OF AMENDMENT

This transmittal is being submitted related to COVID-19 emergency disaster relief SPA to extend, without modifications, the 5% increase in payment rates for ODDS services and settings approved under DR SPA 22-0028 for a temporary period of 5/12/23 through 6/30/23.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPE

Dana Hittle

13. TITLE

Medicaid Director

14. DATE SUBMITTED

5/3/23

15. RETURN TO

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

ATTN: Jesse Anderson, State Plan Manager

FOR CMS USE ONLY

16. DATE RECEIVED

5/3/23

17. DATE APPROVED

May 10, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

5/12/23

19. SIGNATURE OF APPROVING OFFICIAL

Deboy -S

Date: 2023 05.10
08:35 50 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Alissa Mooney DeBoy on Behalf of Anne Marie Costello

21. TITLE OF APPROVING OFFICIAL

Deputy Director, Center for Medicaid and CHIP services

22. REMARKS

5/3/23: State submits P&I request for boxes 14 and 15, previously blank.

State/Territory: OREGON

Section 7 – General Provisions

7.5.B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until 06/30/2023, the agency temporarily extends the following election(s) of section 7.5 (approved on 02/24/2023 in SPA Number 22-0028) of the state plan:

Section E – Payments

Other:

4. ☒ Other payment changes:

Please describe.

All policies and procedures describe in this SPA are time limited. This will extend the time limited increase for ODDS services from May 12, 2023 through June 30, 2023. This temporary rate method accounts for the extraordinary expenses these providers have been experiencing in managing the COVID-19 emergency.

1) 5% increase for ODDS services in the following settings, Adult Group Home (AGH), Behavioral Support Services, Group Care Homes for Children (GCH), Children's DD Foster Care, and Day Support Activities. This increase is not duplicative of any Disaster relief SPAs (20-0010, 22-0004, 22-0014, 22-0023) previously submitted and approved.

TN 23-0013
Supersedes TN: NEW

Approval Date: 5/10/2023
Effective Date: 5/12/2023