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**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 21-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Room 355  
Kansas City, Missouri 64106-2898



## Medicaid and CHIP Operations Group

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May 5, 2021

Patrick Allen, Director  
Oregon Health Authority  
500 Summer Street Northeast, E15  
Salem, OR 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-21-0005

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-21-0005, to amend the state's 1915(k) Community First Choice, Home and Community Based Services (HCBS) State Plan Program. With this amendment, the state is clarifying access to Long-Term Care Community Nursing (LTCCN) services in all appropriate settings, removing the prohibition of using Physical Therapists and Occupational Therapists, increasing the approval limit for Electronic Devices from \$500 to \$1,200 and updating the Group Care Homes for Children (GCH) rate methodology.

This SPA is approved effective March 1, 2021, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Oregon State Plan.

If you have any additional questions concerning this information, please contact me or your staff may contact Carshena Harvin at (206) 615-2400 or [Carshena.Harvin@cms.hhs.gov](mailto:Carshena.Harvin@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Jackie Glaze.

Jackie Glaze, Acting Director  
Division of HCBS Operations and Oversight

Enclosure

cc:

Jesse Anderson, OHA

Dana Hittle, OHA

Chris Pascual, OHA

Mindy Morrell, CMS

James Moreth, CMS

Dominique Mathurin, CMS

Nikki Lemmon, CMS

Bill Vehrs, CMS



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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**Community First Choice State Plan Option**

The State will cover IADL supports including light housekeeping, laundry, medication management, meal preparation, shopping, and chore services.

- Chore Services are not housekeeping and are not included in the “Service supports” listed above. These services are intended to ensure that the individual’s home is safe and allows for independent living. Specific services include heavy cleaning to remove hazardous debris or dirt in the home and yard hazard abatement to ensure the outside of the home is safe for the individual to traverse and enter and exit the home.

ADL and IADL supports will be provided by enrolled homecare workers, personal support workers, in-home agencies or in a licensed, certified or endorsed community setting of the individual’s choice.

The state will provide Long-term Care Community Nursing Services (LTCCNS) to support health related tasks within the state’s nurse practice act. These services include nurse delegation and care coordination for eligible individuals. This service does not include direct nursing care and the services are not covered by other Medicaid spending authorities.

“Delegation means that a Registered Nurse authorizes an unlicensed person to perform a task of a nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed person and re-evaluating the task at regular intervals.” These services are designed to assist the individual and care provider in maximizing the individual's health status and ability to function at the highest possible level of independence in the least restrictive setting.

**Services include:**

- Evaluation and identification of supports that minimize health risks, while promoting the individual's autonomy and self-management of healthcare;
- Medication reviews;
- Collateral contact to the person-centered plan coordinator regarding the individual's community health status to assist in monitoring safety and well-being and to address needed changes to the person-centered service plan; and
- Delegation of nursing tasks, within the requirement of Oregon’s nurse practice act, to an individual’s caregivers so that caregivers can safely perform health related tasks.

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TN 21-0005

Approval Date: 5/5/2021

Effective Date: 3/1/21

Supersedes TN 18-0004

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**Community First Choice State Plan Option**

A worker may provide training and maintenance activities under the following conditions:

- The need for skill training or maintenance activities has been determined through the assessment process and has been authorized as part of the individual service plan;
- The activities are for the sole benefit of the individual and are only provided to the individual receiving CFC services;
- The activities are designed to preserve or enhance independence or slow/reduce the loss of independence when the person has a progressive medical condition;
- The activities are provided consistent with the stated preferences and outcomes in the individual support plan;
- The activities are provided concurrent with the performance of ADL, IADL, and health related tasks as described in the earlier section;
- Training and skill maintenance activities that involve the management of behavior during the training of skills, must use positive reinforcement techniques; and
- The provider must receive training about appropriate techniques for skill training and maintenance activities.

Skill training and maintenance activities do not include therapy or nursing services that must be performed by a licensed therapist or nurse, and are otherwise covered under the state plan, but may be used to complement therapy or nursing goals when authorized and coordinated through the person-centered service plan.

The majority of these services will be provided by state authorized skills trainers or programs who have demonstrated expertise in assisting individuals in the acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living and instrumental activities of daily living.

Long-term Care Community Nursing Services are also in this category of services. LTCCNS nurses, within the scope of the state's nurse practice act requirements, assist individuals in the acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish health related tasks. Community nurses are licensed registered nurses with the expertise to provide these skills.

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**Community First Choice State Plan Option**

**3. Back-up systems or mechanisms to ensure continuity of services and supports.**

The state will cover back-up systems and mechanisms to ensure the continuity of services and supports and the safety and well-being of the individual. These systems and mechanisms include:

- Electronic back-up systems:
  - Emergency Response Systems provide back-up for individuals who live alone or are alone for significant periods of time in their own homes.
  - Electronic devices to secure help in emergency for safety in the community and other reminders that will help an individual with activities such as medication management, eating or other monitoring activities.
    - Examples of electronic devices include Personal Emergency Response Systems, medication minders, and alert systems (for meal preparation, ADL and IADL supports that increase an individual's independence). Mobile electronic devices and other assistive technology will be reviewed on a case-by-case basis to determine cost-effectiveness and the ability to replace human interventions as identified in the person-centered service plan. Reviews will be conducted by the person-centered plan coordinator. Expenditures over \$1200 per year must receive prior approval from the DHS policy office.
- Assistive Technology provides additional security to individuals and replaces the need for direct interventions. Assistive Technology also allows the individual to self-direct their care and maximizes independence.
  - Examples of assistive technology include, but are not limited to, motion and sound sensors, two-way communication systems, automatic faucet and soap dispensers, toilet flush sensors, incontinent sensors and fall sensors.

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**Community First Choice State Plan Option**

The person-centered plan coordinator will consult with service providers and the individual throughout the assessment process to review and verify the appropriate services are being offered, performed and are still appropriate for the individual. This ongoing dialogue will ensure that any changes in condition or service choice allow for the assessment to be reviewed for appropriateness as quickly as possible. Local, state or contracted case management entities inform participants/representatives about service options at changes in conditions and when the participant is transitioning from one care-setting to another.

Local, state or contracted case management entities assist with health care coordination and may make referrals to contracted LTCCNS Nurses, including delegation of some nursing tasks and teaching, training and monitoring on a variety of health-related topics. The state will provide Long-term Care Community Nursing Services (LTCCNS) to support health related tasks within the state's nurse practice act. These services include nurse delegation and care coordination for eligible individuals. This service does not include direct nursing care and the services are not covered by other Medicaid spending authorities. All other licensed providers must have nursing staff available for delegation, teaching and training.

Each plan will address the eligible individual's choice for the type of services they receive, the service provider and location of the service delivery. Choice is a critical aspect in the person-centered service plan.

Each plan includes the type of service to be provided, the amount, frequency and duration of each service, and the type of provider to furnish each service. Since the plan is built in conjunction with the assessment of needs, it may be developed simultaneously with determination of level of care and eligibility for CFC services or shortly after, allowing time for researching and reviewing available natural supports, providers and service options.



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**Community First Choice State Plan Option**

An in-home service plan is implemented when a qualified provider is identified, the qualified provider's service start date is set and the authorized hours of services are determined. A plan for facility services is implemented as soon as the individual chooses and moves into a community-based facility. The individual has the right to request changes in qualified provider and living situation. A change in plan will be implemented as soon as an alternate plan can be developed. Person-centered plan coordinators will meet with the individual (and family or representative, as appropriate) at least annually to review and update the PCSP.

Local, state or contracted case management entities coordinate services for participants who reside in facilities in cooperation with facility staff at the direction of the individual. The person-centered plan coordinator communicates with facility staff on a regular basis and may participate in facility care conferences. These care conferences are distinct from the functional assessment, person-centered plan development process and other direct communication with the individual and their representative.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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**Community First Choice State Plan Option**

**State Operated Group Care Homes for Adults-** Each individual's support needs are assessed using a functional needs assessment. Changes in an individual's support needs may be identified during regularly scheduled monitoring visits, annual LOC redeterminations, annual POC meetings, and when changes are brought to the person centered plan coordinator's attention, an individual's provider of service, family member, friend or member of the community. The rate setting methodology incorporates other payroll expenditures (OPE), allowable administration percentages, and other costs associated with operating a business. It also incorporates information on revenue and expenses about the service so that DHS can assure that the total funding does not exceed the cost of operating the site.

**Group Care Homes for Children-** Each individual's support needs are assessed using a functional needs assessment annually, when an individual request it or when the individual's needs change. Changes in an individual's support needs may be identified during regularly scheduled monitoring visits, annual Level of Care (LOC) redeterminations, annual PCSP meetings, and when changes are brought to the person centered plan coordinator's attention, an individual's provider of service, family member, friend, or member of the community.

- The functional needs assessment collects information about the person's support needs. This information is used to match the individual with one of several levels of expected support need.
- A funding tier is assigned. Each funding tier corresponds to one of the support levels as determined by the functional needs assessment.
- Each funding tier contains several rates that reflect appropriate funding for a person with that particular level of support need, adjusted by the size of setting (licensed capacity) in which they reside.