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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 24-0004

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 S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

May 2, 2024

Dr. Sejal Hathi
State Medicaid Director
500 Summer Street Northeast, E-65
Salem, OR 97301

RE: TN 24-0004

Dear Dr. Sejal Hathi:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oregon state plan amendment (SPA) to Attachment 4.19-D OR 24-0004, which was submitted to CMS on (February 7, 2024). This plan amendment implements supplemental payments to nursing homes participating in the Oregon CareWorks program.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Diana Dinh at 670-290-885 or via email at Diana.Dinh@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 0 4</u>	2. STATE <u>OR</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
1/1/24

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.40 and 42 CFR 441 Subpart B

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 4,353,432
b. FFY 2025 \$ 5,804,577

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, part 1, page 19-20

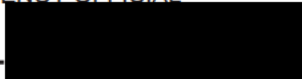
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to make supplement NF payments for Oregon careWorks program

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. TYPED NAME
Vivian Levy

13. TITLE
Interim Medicaid Director

14. DATE SUBMITTED
2/7/24


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 <u>February 7, 2024</u>	17. DATE APPROVED <u>May 2, 2024</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Rory Howe</u>	21. TITLE OF APPROVING OFFICIAL <u>FMG, Director</u>

22. REMARKS

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

CareWorks Supplemental Payments for Participating Nursing Facilities:

- I. The CareWorks Supplemental Payment Program provides supplemental payments to qualifying nursing facilities (NFs) participating in a labor-management training trust that expands on-the-job training, apprenticeship opportunities and other programs that support the development of NF health care professionals, including certified nursing assistants and others as identified in accordance with HB 3396 and SB 1049 (2023).
 - A. Definitions. When used in this section, the following definitions apply:
 1. Labor-management training trust – A organization whose primary purpose is to provide training of health care workers and is jointly established and equally governed by NFs and labor unions representing health care workers.
 2. OHA – The single state Medicaid agency for Oregon.
 3. Privately-owned NF – A NF that is not owned by the state or a non-state governmental entity.
 4. Effective dates of payment – The supplemental payment will be made effective for services provided between January 1, 2023 – July 31, 2024.
 - B. Qualifying Criteria. To qualify for a supplemental payment under this section, a NF must:
 1. Be a participating provider in the Oregon medical assistance program;
 2. Have received a Medicaid payment for a NF claim for services provided during the effective dates of payment.
 3. Be a privately-owned NF.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

CareWorks Supplemental Payments for Participating Nursing Facilities (Cont):

4. Participate in a labor-management training trust that supports the development of health care professionals during the effective dates; and
5. Have a memorandum of understanding with the OHA that specifies how the supplemental payments will be used to support training health care workers.

C. Methodology to calculate NF-specific supplemental payment amounts.

1. The total available supplemental payment amount for all qualifying NFs is not to exceed the general fund revenue appropriated plus associated federal matching funds.
2. Extract Medicaid days of service for privately-owned NFs that have qualified for a supplemental payment as per subsection (B) from the state's MMIS for the effective dates of payment.
3. The allocation percentage for each qualifying NF will be determined by dividing the individual NF's total Medicaid days from subsection (2) of this section by the aggregate sum of all qualifying NFs' Medicaid days from the same subsection.
4. The NF-specific supplemental payment will equal the total available supplemental payment amount from subsection (1) of this section multiplied by the allocation percentage from subsection (3) of this section.
5. The supplemental payment does not exceed applicable Federal upper payment limit requirements.