

## ANALYSIS

### Item 18: Department of Human Services / Oregon Health Authority Home and Community Based Services

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**Analyst:** Gregory Jolivet and Tom MacDonald

**Request:** Acknowledge receipt of a report on home and community-based services; increase federal funds expenditure limitation by \$435,570,077 and authorize establishment of 95 positions (80.76 FTE) for the Oregon Department of Human Services; and increase federal funds expenditure limitation by \$30,263,630 and authorize establishment of 10 positions (6.30 FTE) for the Oregon Health Authority.

**Analysis:** The American Rescue Plan Act (ARPA) provided temporary enhanced federal funds for state Medicaid spending on home and community-based services. Specifically, for the period April 1, 2021 through March 31, 2022, states are eligible to receive a 10% increase in their federal medical assistance percentage for home and community-based services (HCBS). Since the intent is to advance the service delivery system rather than provide state fiscal relief, ARPA also requires states to use state monies--equivalent to the amount of the 10% FMAP increase--to fund activities to enhance, expand or strengthen Medicaid home and community-based services.

In Oregon, state and federal funding for Medicaid HCBS services flows through both the Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS), but mostly support ODHS' Intellectual and Developmental Disabilities (IDD) and Aging and People with Disabilities (APD) programs. The agencies worked with stakeholders and consumers to identify ways to enhance home and community-based services, which led to the HCBS spending plan that was submitted, on June 11, 2021, to the federal Centers for Medicare and Medicaid Services (CMS) for review and approval.

On September 30, 2021, CMS granted Oregon partial approval; most states were granted only partial approval. Although Oregon is still working with CMS to obtain full approval, OHA and ODHS have already implemented some approved parts of the plan and are in the process of implementing others; the agencies' request letter/report includes a list of these.

What types of investments are included in the plan? The HCBS investments fall into several categories: infrastructure, workforce, consumer benefits, and provider benefits. Infrastructure investments include, for example, enhanced marketing to grow the program infrastructure, grants for technology to combat social isolation, and improvements in the collection to electronic education health records. Workforce investment include, for example, increased wages, services, benefits, and training; and, grants for worker recruitment and retention efforts. Consumer benefits include, for example, expanded access to advocacy training, flexible funds to address unique consumer needs, expanded access to money management services, and creation of new assessments tools to name a few. Provider investments primarily consist of one-time payments for service during the pandemic, enhanced funds for bargaining, and temporary rate increases.

The HCBS spending plan includes total expenditures of \$758.1 million across both OHA and ODHS. This includes \$310.6 million General Fund and \$447.5 million Federal Funds. The General Fund portion --also referred to as Section 9817 funds--represents the *estimated* value of the one-time enhanced federal funds; this is the amount ARPA Section 9817 requires the state to reinvest in HCBS services. The General

Fund portion is already in the 2021-23 legislatively adopted budgets for OHA and ODHS; however, both agencies will need additional Federal Funds expenditure limitation to access the federal matching funds, as well as positions to implement the initiatives. ARPA gives states until March 31, 2024 to spend the Section 9817 dollars. (The OHA part of the plan is relatively small at \$30.7 million or 4% of the total.)

Plan Includes Some Ongoing Costs. The HCBS plan is supported by one-time revenues. While most elements of the plan are one-time actions, some investments have ongoing costs and will require General Fund backfill, beginning in the 2023-25 biennium. In IDD, \$60.2 million or 19.4% of the total General Fund/Section 9817 monies support initiatives with ongoing costs. In APD, \$47.6 million or 15.3% funds activities with ongoing costs. In general, the ongoing costs are associated with worker wage and benefit enhancements, provider rate increases, and, to a much lesser extent, consumer benefit enhancements. The estimated 2023-25 General Fund cost for these ongoing components is \$168.8 million (\$483.2 million total funds).

Limitation and Position Request. The table below shows the OHA and ODHS requests for federal funds expenditure limitation and positions to implement the plan. The Legislative Fiscal Office (LFO) has no concerns with the request to increase federal funds limitation. The position requests seem reasonable; however, LFO is working with Department of Administrative Services' Chief Financial Office and the ODHS to obtain additional supporting documentation and evaluate whether positions should be recommended as permanent or limited duration.

Limitation and Position Request			
Agency/Program	Federal Funds	Positions	FTE
OHA - HSD	30,263,630	10	6.30
ODHS - IDD	251,804,609	57	50.17
ODHS - APD	183,765,468	38	30.19

**Recommendation:** The Legislative Fiscal Office recommends that the Joint Interim Committee on Ways and Means acknowledge receipt of the report and recommend including proposed budgetary changes, after further review and refinement, in a budget reconciliation bill during the 2022 legislative session.

## Oregon Department of Human Services/Oregon Health Authority Heath/Streepey/Webb

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**Request:** Report on the implementation of the Home and Community-Based Services (HCBS) and Long-Term Services and Supports (LTSS) investment plan related to Section 9817 of the American Rescue Plan Act (ARPA), as directed in budget notes. The Oregon Department of Human Services (ODHS) requests an increase to its Federal Funds expenditure limitation of \$435.6 million, along with the establishment of 95 positions (80.35 FTE), and the Oregon Health Authority (OHA) requests an increase to its Federal Funds expenditure limitation of \$30.3 million, along with the establishment of 10 positions (6.30 FTE), to implement the aforementioned investment plan.

**Recommendation:** Acknowledge the receipt of the report and consider the requests during the February 2022 Legislative Session.

**Discussion:**

A temporary enhanced Federal Medical Assistance Percentage (FMAP) rate of 10% was provided through ARPA to allow states to make investments in their HCBS and LTSS programs for Medicaid-eligible expenditures. States are prohibited from supplanting state funds with the increased federal funds received due to this enhanced FMAP match rate. OHA's 2021-23 Legislatively Adopted Budget (LAB) did not include an increase in its Federal Funds expenditure limitation to account for the enhanced FMAP. Conversely, ODHS did receive \$275.8 million of Federal Funds expenditure limitation in its 2021-23 LAB through Senate Bill 5529 (2021) related to the 10% enhanced FMAP for HCBS. The increased Federal Funds limitation included in the ODHS budget was based on the additional anticipated drawdown from the added 10% match to their programs under the 2021-23 budget proposal. This request did not reflect the additional Federal Funds that are matched from the new General Fund spending under the HCBS plan. This request provides the necessary Federal Funds expenditure limitation associated with the additional General Fund spending under this plan.

The General Fund "freed up" for additional investment in eligible services is referred to as Section 9817 Funds. Section 9817 funds represent the General Fund savings estimate from program spending, due to the additional 10% FMAP under ARPA. When expenditures are paid using General Fund (Section 9817 Funds) they also qualify for a FMAP match, effectively leveraging state funds further. To draw down the additional Federal Funds from Section 9817 Funds, an increase in both the ODHS and OHA Federal Funds expenditure limitation is necessary.

One important point to note is the ODHS investments outlined in the agency request letter are based on the original plan sent to the Centers for Medicare and Medicaid Services (CMS). Since the submission to CMS, ODHS has refined its estimates of specific investments costs. The tables included in this analysis are based on the investment amounts supporting the current Federal Funds limitation request; however, individual investment costs may differ from those shown in the letter. The Office of Developmental Disabilities Services (ODDS) and OHA have the flexibility to change the use of federal funding between investment categories, as long as they meet the overall CMS guidelines. The information presented in the tables are estimates of Section 9817 Funds and potential Federal Funds investments. Actual amounts and types of investments may differ. It should also be noted that while CMS has given partial approval of Oregon's plan, CMS has not signed off on the final state plan, per the joint letter from ODHS/OHA.

### *ODHS I/DD Request*

The Intellectual and Developmental Disabilities (I/DD) program has requested an increase of \$251.8 million in Federal Funds expenditure limitation and the establishment of 57 limited duration positions (50.16 FTE). The Federal Funds amount includes \$89.8 million for one-time program investments that have already been implemented; \$52.1 million for one-time program investments that are in the process of being implemented (including the staffing request); and \$109.9 million for ongoing program costs.

In addition to the Federal Funds limitation request, the I/DD program has requested a technical adjustment to move \$4.0 million General Fund from the Special Payments budget category to the Personal Services budget category.

The table below outlines estimates of the I/DD investments that have already been implemented:

<b>One-Time Investments (Implemented)</b>	<b>Section 9817 Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Positions</b>	<b>FTE</b>
Temporary 5% Rate Increase for Non-Bargained Services (#15)	\$ 9.7	\$ 32.2	\$ 41.9		
Temporary 5% Rate Increase and Incentive Payment for Adult Foster Home providers (#17)	\$ 0.5	\$ 2.5	\$ 3.0		
Covid-19 Relief Payments for PSWs (#19)	\$ 9.6	\$ 45.1	\$ 54.7		
Provider Recruitment and Retention Fund (#26)	\$ 10.0	\$ 10.0	\$ 20.0		
<b>Total: One-Time Investments (Implemented)</b>	<b>\$ 29.8</b>	<b>\$ 89.8</b>	<b>\$ 119.6</b>		

*All amounts are in millions; rounding may occur.*

The I/DD program has a number of one-time investments that have not yet been fully implemented, including funding for program infrastructure, provider capacity building initiatives and improvements in communications and service delivery for recipients of I/DD services. The I/DD program has requested 57 limited duration positions (50.16 FTE). The majority of the positions will be focused on building grant infrastructure within ODDS and Case Management Entities (CMEs) to administer grants paid for by ARPA funds. Investments shown as “in process” refers to initiatives that have been started, but not completed, or initiatives that have not been started, but are expected to be started in the 2021-23 biennium.

The table below outlines estimates of the one-time I/DD investments that are in the process of being implemented:

<b>One-Time Investments (In Process)</b>	<b>Section 9817 Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Positions</b>	<b>FTE</b>
Capacity Restoration and Expansion Grants (#1)	\$ 10.0	\$ 10	\$ 20.0		
Diversity, Equity and Inclusion Grants & Initiatives (#2)	\$ 3.0	\$ 3	\$ 6.0		
Emergency Response Grants (#3)	\$ 4.0	\$ 4	\$ 8.0		
ODDS/CME Grant Infrastructure (#5)	\$ 2.1	\$ 8.2	\$ 10.3	50	44.00
Improve Communications for Families Receiving I/DD Services (#7)	\$ 1.0	\$ 1.0	\$ 2.0		
Improve Resources for Families Receiving I/DD Services (#8)	\$ 1.5	\$ -	\$ 1.5	2	1.76
Impact Oregon Enhancement (#9)	\$ 0.5	\$ 0.5	\$ 1.0		
Maintenance and Improvements to Provider/Adult Foster Homes (#11)	\$ 15.3	\$ -	\$ 15.3		
Community Integration Project Homes	\$ 2.0	\$ -	\$ 2.0		
Investments in SACU Workforce (#13)	\$ 1.0	\$ 4.0	\$ 5.0		
Infrastructure Funding - Contracted CMEs (#14)	\$ 1.5	\$ 1.5	\$ 3.0		
Increase Licensing Unit Capacity (#22)	\$ 1.5	\$ 1.5	\$ 3.0		
Expand LifeCourse and Individual Support Plan Trainings (#23)	\$ 0.4	\$ 0.4	\$ 0.8		
Blueprint Funding (#24)	\$ 5.0	\$ 5.0	\$ 10.0	1	0.88
Statewide Crisis System for I/DD Service Recipients (#25)	\$ 0.5	\$ 0.5	\$ 1.0		
Advocacy Support by Self-Advocates (#27)	\$ 0.5	\$ -	\$ 0.5		
HIPAA Compliant Technology for CMEs/Providers (#29)	\$ 5.0	\$ 5.0	\$ 10.0		
Grants to PSWs for Electronic Visit Verification Devices (#30)	\$ 2.5	\$ 2.5	\$ 5.0		
Cross-Training/Technical Assistance for Child Welfare/CMEs (#31)	\$ 0.9	\$ 0.9	\$ 1.8	4	3.52
Statewide Training and Technical Assistance Resource (#32)	\$ 2.5	\$ 2.5	\$ 5.0		
Study to Assess Rideshare Feasibility (#33)	\$ 0.2	\$ 0.2	\$ 0.4		
Build Medical/Clinical Expertise within ODDS (#34)	\$ 1.0	\$ 1.0	\$ 2.0		
Improve and Expand Access to Oregon Intervention System (#35)	\$ 0.3	\$ 0.3	\$ 0.6		
Conduct Demographic Data Collection (#37)	\$ 0.1	\$ 0.1	\$ 0.2		
Develop/Enhance Information Technology Infrastructure (#38)	\$ 8.0	\$ -	\$ 8.0		
Potential Restoration Funding for the Fairview Trust (#28)	\$ 10.0	\$ -	\$ 10.0		
New Healthcare Trust for Long-Term Care Workers (#39)	\$ 5.0	\$ -	\$ 5.0		
<b>Total: One-Time Investments (In Process)</b>	<b>\$ 70.3</b>	<b>\$ 52.1</b>	<b>\$ 122.4</b>	<b>57</b>	<b>50.16</b>

*All amounts are in millions; rounding may occur.*

Ongoing program costs that are paid with Federal Funds in the current biennium will require either a new revenue source, such as General Fund, or potential program reductions in future biennia. This is because the enhanced FMAP is funded with one-time revenue from ARPA.

The table below provides estimates of the I/DD investments that are considered ongoing program costs:

<b>Ongoing Investments</b>	<b>Section 9817 Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Positions</b>	<b>FTE</b>
Flexible Grant Funding - Case Management Entities ((#4)	\$ 2.5	\$ 2.5	\$ 5.0		
Eliminate Client Contribution for In-Home Services (#10)	\$ 3.0	\$ -	\$ 3.0		
Increase Provider Rates by 5% to Increase Direct Support Professional Wages (#16)	\$ 37.9	\$ 72.4	\$ 110.3		
Increase Bargaining Pot - Adult Foster Homes (#18)	\$ 1.8	\$ 5.9	\$ 7.7		
Increase Bargaining Pot - PSWs (#20)	\$ 10.5	\$ 20.4	\$ 30.9		
PSW Training and Benefit Trusts (#21)	\$ 4.5	\$ 8.7	\$ 13.2		
<b>Total: One-Time Investments (Implemented)</b>	<b>\$ 60.2</b>	<b>\$ 109.9</b>	<b>\$ 170.1</b>		

*All amounts are in millions; rounding may occur.*

### *ODHS APD Request*

The Aging and People with Disabilities (APD) program has requested an increase of \$183.8 million in Federal Funds expenditure limitation and the establishment of 38 limited duration positions (30.19 FTE). The Federal Funds costs associated with one-time costs include \$73.3 million for one-time program investments that have already been implemented; \$9.5 million for one-time program investments that are in the process of being implemented (including the staffing request); and \$101.0 million for ongoing program costs.

In addition to the requested Federal Funds expenditure limitation, the APD program has requested a technical adjustment to move \$3.4 million General Fund from the Special Payments budget category to the Personal Services budget category.

The table below provides estimates of the APD investments that have already been implemented:

<b>One-Time Investments (Implemented)</b>	<b>Section 9817 Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Positions</b>	<b>FTE</b>
Workforce Development & Training (#4)	\$ 0.2	\$ 0.2	\$ 0.4		
Wage & Benefit Study-SB703 (#5)	\$ 0.2	\$ 0.2	\$ 0.4		
LTC-HCBS providers capital investment (#8)	\$ 15.2	\$ 0.2	\$ 15.4		
Online infection prevention and control staff training curriculum for CBCs (#9)	\$ 0.2	\$ 0.2	\$ 0.4		
Statewide Case Management Conference (#13)	\$ 0.1	\$ 0.1	\$ 0.2		
Convert In-Person Training to Virtual Training (#14)	\$ 0.3	\$ 0.3	\$ 0.6		
Performance-Based Contracting Fund (#16)	\$ 4.8	\$ 15.2	\$ 20.0		
APD HCW Hazard Pay (#25)	\$ 9.6	\$ 40.0	\$ 49.6		
APD Foster Care Hazard Pay (#29)	\$ 0.8	\$ 2.5	\$ 3.3		
Covid Differential 5% Rate Increase for Assisted Living, Residential Care, Memory Care and In-Home Agencies (#32)	\$ 3.0	\$ 14.4	\$ 17.4		
<b>Total: One-Time Investments (Implemented)</b>	<b>\$ 34.4</b>	<b>\$ 73.3</b>	<b>\$ 107.7</b>		

*All amounts are in millions; rounding may occur.*

APD has a number of one-time investments that have not yet been fully implemented, including funding for provider rate increases, modernizing transportation to senior centers and investments in service equity. The APD program has requested 38 limited duration positions (30.19 FTE). The positions will be focused on capital investments in long-term care facilities, assisting individuals with housing assistance, and providing administrative support to handle duties associated with legislative actions related to HCBS and ARPA. There was discussion with ODHS about whether the positions should be permanent or limited durations. Since the ARPA funding is considered one-time revenue, it is recommended that the positions be designated as limited duration. ODHS may request permanent funding for some positions in the 2023-25 budget development process. Investments shown as “in process” refers to initiatives that have been started, but not completed, or initiatives that have not been started, but are expected to be started in the 2021-23 biennium.

The table below provides estimates of the one-time APD investments that are in the process of being implemented:

<b>One-Time Investments (In Process)</b>	<b>Section 9817 Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Positions</b>	<b>FTE</b>
Grand Pads PACE (#1)	\$ 0.1	\$ 0.1	\$ 0.2		
Grand Pads - In Home (#2)	\$ 0.2	\$ 0.3	\$ 0.5		
Workforce Recruitment (#6)	\$ 0.2	\$ 0.1	\$ 0.3		
Meals (#7)	\$ 3.1	\$ -	\$ 3.1		
Start-up Costs - Adult Day Centers (#10)	\$ 1.0	\$ -	\$ 1.0		
Moderize Transportation to Senior Centers (#11)	\$ 8.8	\$ -	\$ 8.8		
Innovation Fund for Long-Term Services and Supports (LTSS) (#12)	\$ 3.0	\$ -	\$ 3.0		
Training Development and Delivery for LTSS Providers (#15)	\$ 0.3	\$ 0.3	\$ 0.6		
Performance-Based Contract Fund for Area Agencies on Aging (#17)	\$ 1.3	\$ 1.3	\$ 2.6		
Keeping Individuals Out of Crisis (#19)	\$ 2.0	\$ -	\$ 2.0		
Housing for Recipients of APD Services (#24)	\$ 0.5	\$ 0.5	\$ 1.0		
Funding for Healthcare Trust for Long-Term Care Workers (#27)	\$ 10.0	\$ -	\$ 10.0		
APD Foster Care - 5% Rate Increase (#30)	\$ 1.1	\$ 3.5	\$ 4.6		
Staffing Capacity - Limited Duration Positions (#35)	\$ -	\$ 3.4	\$ 3.4	38	30.19
<b>Total: One-Time Investments (In Process)</b>	<b>\$ 31.6</b>	<b>\$ 9.5</b>	<b>\$ 41.1</b>	<b>38</b>	<b>30.19</b>

*All amounts are in millions; rounding may occur.*

Ongoing program costs that are paid with Federal Funds in the current biennium will require either a new revenue source, such as General Fund, or potential program reductions in future biennia.

The table below provides estimates of the APD investments that will be ongoing program costs:

<b>One-Time Investments (Ongoing)</b>	<b>Section 9817 Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Positions</b>	<b>FTE</b>
Performance-Based Bonus - PACE (#3)	\$ 1.0	\$ 1.5	\$ 2.5		
Eliminate Client Contribution for In-Home Services (#20)	\$ 1.2	\$ 3.8	\$ 5.0		
Expand Money Management Program (#21)	\$ 1.0	\$ -	\$ 1.0		
Reduce In-Home Isolation and Loneliness (#22)	\$ 3.2	\$ 6.3	\$ 9.5		
Expand State Plan Personal Care Services to Deaf/Blind Clients (#23)	\$ 1.4	\$ 2.2	\$ 3.6		
Increase Hourly Rate for APD Workers (#26)	\$ 10.7	\$ 21.0	\$ 31.7		
Expand Services, Benefits and Training to Home Care Workers (#28)	\$ 6.3	\$ 12.4	\$ 18.7		
Increase Bargaining Pot for Adult Foster Homes (#31)	\$ 1.1	\$ 3.5	\$ 4.6		
Rate Increase of 5% for Assisted Living, Residential Care, Memory Care and In-Home Agencies (#33)	\$ 21.7	\$ 50.3	\$ 72.0		
<b>Total: One-Time Investments (Ongoing)</b>	<b>\$ 47.6</b>	<b>\$ 101.0</b>	<b>\$ 148.6</b>	<b>0</b>	<b>0</b>
<i>All amounts are in millions; rounding may occur.</i>					

### *OHA Request*

OHA has requested an increase of \$30.3 million in Federal Funds expenditure limitation and the establishment of 10 permanent positions (6.30 FTE). The Federal Funds costs associated with one-time expenditures include \$21.0 million for one-time program investments and \$9.3 million for ongoing program costs. OHA's Federal Funds expenditure limitation includes both Section 9817 costs and the corresponding Federal Funds costs associated with Section 9817 expenditures. Unlike ODHS, OHA did not receive Federal Funds expenditure limitation in its 2021-23 LAB to "free up" General Fund to be spent on HCBS investments.

The majority of OHA's one-time investments have not been fully implemented; however, initiatives are expected to launch over the remainder of the 2021-23 biennium. Investments include building of infrastructure, increasing the retention and training of providers and workforce, and improving services to clients, among others.

The table below provides estimates of OHA's one-time investments:

<b>One-Time Investments</b>	<b>Section 9817 Funds</b>	<b>Federal Funds</b>	<b>Total Federal Funds Limitation Request</b>	<b>Positions</b>	<b>FTE</b>
Innovation Fund - Behavioral Health (BH) System (#1)	\$ 2.3	\$ -	\$ 2.3		
Training Development/Delivery - Provider Service Equity (#2)	\$ 0.3	\$ 0.3	\$ 0.6		
Performance-Base Contracts - Substance Use Disorder (SUD)/Mental Health (#3)	\$ 0.9	\$ 2.1	\$ 3.0		
Keeping Individual Out of Crisis (#4)	\$ 1.5		\$ 1.5		
Incentives for Personal Care Attendants (#8)	\$ 0.1	\$ 0.1	\$ 0.2		
Incentive Payments to Adult Foster Homes (#11)	\$ 0.2	\$ 0.6	\$ 0.8		
Temporary 5% Rate Increase for Adult Foster Homes (#12)	\$ 0.7	\$ 1.6	\$ 2.3		
Flexible Grant Funding - Community Mental Health Programs (#15)	\$ 1.0	\$ -	\$ 1.0		
Improve Communications for BH and SUD Services (#16)	\$ 0.1	\$ 0.1	\$ 0.2		
Improve Resources for Parents with BH and SUD Needs (#17)	\$ 0.1	\$ 0.2	\$ 0.3		
Recruitment Strategies - BH/SUD Workforce (#18)	\$ 0.1	\$ 0.1	\$ 0.2		
Develop New Assessment Tool (#19)	\$ 0.2	\$ 0.2	\$ 0.4		
Advocacy Support by Self-Advocates (#20)	\$ 0.2	\$ -	\$ 0.2		
Develop HIPAA Compliance Technology for CMEs/Providers (#21)	\$ 0.5	\$ -	\$ 0.5		
Grants to PCAs for Electronic Visit Verification Devices (#22)	\$ 0.1	\$ 0.1	\$ 0.2		
Study to Assess Rideshare Feasibility (#23)	\$ 0.1	\$ 0.1	\$ 0.2		
Information Technology Project (#24)	\$ 1.3	\$ 1.3	\$ 2.6		
Build Medical/Clinical Expertise within OHA	\$ 1.0	\$ 1.0	\$ 2.0		
Improve Information Technology Infrastructure	\$ 2.5	\$ -	\$ 2.5		
<b>Total: One-Time Investments</b>	<b>\$ 13.2</b>	<b>\$ 7.8</b>	<b>\$ 21.0</b>	<b>0</b>	<b>0.00</b>



Ongoing program costs that are paid with Federal Funds in the current biennium will require either a new revenue source, such as General Fund, or potential program reductions in future biennia. OHA's ongoing investments include increasing the bargaining pot for workforce, positions to increase agency staffing capacity and expanding services to clients.

The table below provides estimates of the OHA investments that will be ongoing program costs:

	Section 9817 Funds	Federal Funds	Total Federal Funds Limitation Request	Positions	FTE
<b>One-Time Investments</b>					
Expand Money Management Program (#5)	\$ 0.2	\$ 0.2	\$ 0.4		
Reduce Isolation and Loneliness (#6)	\$ 1.5		\$ 1.5		
Housing for Individuals Receiving Behavioral Health Services (#7)	\$ 0.3	\$ 0.5	\$ 0.8		
Increase Bargaining Pot for Personal Care Attendants (#9)	\$ 1.0	\$ -	\$ 1.0		
Increase Services, Benefits and Training for Personal Care Attendants (#10)	\$ 0.8	\$ 1.7	\$ 2.5		
Increase Bargaining Pot for Adult Foster Homes (#13)	\$ 0.8	\$ -	\$ 0.8		
Meals (#25)	\$ 0.3	\$ 0.7	\$ 1.0		
Staffing Request	\$ -	\$ 1.3	\$ 1.3	10	6.30
<b>Total: Ongoing Investments</b>	<b>\$ 4.9</b>	<b>\$ 4.4</b>	<b>\$ 9.3</b>	<b>10</b>	<b>6.30</b>



December 6, 2021

Senator Elizabeth Steiner Hayward, Co-Chair  
Representative Dan Rayfield, Co-Chair  
Interim Joint Committee on Ways and Means  
900 Court St. NE  
H-178 State Capitol  
Salem, OR 97301

RE: Oregon Department of Human Services Office of Developmental Disabilities Services (ODDS) and Office of Aging and People with Disabilities (APD) Quarterly ARPA (HCBS related) Report and request for federal funding and positions authority not included in LAB for OHDS and the Oregon Health Authority.

Dear Co-Chairpersons:

### **Nature of the Request**

The Oregon Department of Human Services and Oregon Health Authority submit this budget note report and request for Federal Funds limitation and position authority for General Fund included in the 2021-23 Legislatively Adopted Budget.

### **Agency Action**

The American Rescue Plan Act of 2021, also called the COVID-19 Stimulus Package or American Rescue Plan, is an economic stimulus bill that went into effect on March 11, 2021, to speed up the country's recovery from the economic and health effects of the COVID-19 pandemic and the ongoing recession.

Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS). States must use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021, and states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

ODDS and APD collaborated with OHA on submission of Oregon's Initial HCBS Spending Plan Projection and Initial HCBS Spending Narrative to CMS.

(1) Status of federal review of the state's investment plan and any changes to the scope of the activities in the plan:

On September 30, 2021, CMS granted partial approval to Oregon's initial state spending plan and spending narrative. CMS also requested additional information for specific items that have not yet received approval.

CMS requested additional information from ODDS and APD related to acronyms, room and board, and details for some activities. ODDS and APD worked with OHA to submit a response back to CMS on October 22, 2021 and are currently awaiting a decision from CMS.

On November 16, 2021, CMS sent an additional request to revise the spending plan to include additional information including a request to add the provider types and Medicaid funding authority to any of the items that are individual/consumer services. ODDS and APD are collaborating with OHA on the response.

CMS accepted the October submission as Oregon's first quarter report, so that requirement has been met. Please see the October submission documents attached. Once CMS's final approval is received, ODDS and APD will engage stakeholders and advocates in discussions about adjusting items on the list based on the 21-23 LAB and based on CMS's final direction.

(2) An outline of the HCBS spending plan – see attached documents for the October Submission to CMS.

(3) Implementation dates for each component of the plan

ODDS and APD are in the process of hiring and on-boarding staff resources to oversee implementation of the ARPA spending plan. Once the project management team is in place, ODDS and APD will be able to provide a plan with specific implementation dates for each item with the next quarterly report.

Some projects were able to be started and/or completed. Other grant related projects are pending resources to begin. Other activities have not started yet because of COVID-related priorities.

**Implemented projects (ODDS, then APD):**

**ODDS #15** Continue the Covid rate increase of 5% for non-bargained services – Rate increase is currently in place until 6/30/2022.

\$32,511,662 TF; \$6,671,393 GF; \$25,840,269 FF

**ODDS #17** Provide a Covid relief increase and one-time payment for Adult Foster Home providers - a Covid related 5% payment increase for Adult Foster Home providers and a one-time flat payment of \$1000 per person served in each Adult Foster Home has been agreed to through the collective bargaining process and will be implemented on December 1, 2021.

\$13,085,737 TF; \$2,685,193 GF; \$10,400,544 FF

**ODDS #18 Enhance bargaining pot** - For Adult Foster Homes by \$5M (in addition to Governor Recommended Budget levels) – this additional funding has been incorporated as part of the collective bargaining agreement and will be implemented as a rate increase retroactive to 7/1/2021.

\$5,000,000 TF/GF

**ODDS #19** Provide a Covid relief payment of \$2261.99 for Personal Support Workers - Personal Support Workers provide vital in-home services to Oregonians with Intellectual/Developmental Disabilities who live independently or with family. In addition to the Provider Relief Funds available to Personal Support Workers through the financial management services entity, Office of Developmental Disabilities Services will make available a one-time payment of \$2261.99 for each Personal Support Worker that worked between March 1, 2020 and February 28, 2021. Per the CBA this will be implemented December 1, 2021.

\$7,985,500 TF; \$1,638,625 GF; \$6,346,875 FF

**ODDS #20** Enhance bargaining pot - For Personal Support Workers by \$7.5M (in addition to Governor Recommended Budget levels) - – this additional funding has been incorporated as part of the collective bargaining agreement and will be implemented on January 1, 2022.

\$7,500,000 TF/GF

**ODDS #21** PSW Training and Benefit Trusts – Enhance the services to PSWs offered through the benefits and training trusts. Initiated September 1, 2021.

\$18,903,919 TF; \$6,460,092 GF; \$12,443,827 FF

**ODDS #26** Provider recruitment and retention fund – In September 2021, ODDS issued \$10 million in ARPA grants for staffing recruitment and retention to provider agencies to assist with staffing crisis. Providers have until March 2022 to complete spending and submit a report of expenditures and any additional funding unspent.

\$10,000,000 TF/GF

**APD Infrastructure #8** Long term care capital improvement fund – ODHS has fully operationalized the program. Administrative rules have been adopted at 411-062. As of 11/30/2021, 75 prior authorizations were issued in the amount of \$5.55M. This program will remain operational for the next 14 months.

\$17,000,000 TF; \$16,000,000 GF; \$1,000,000 FF

**APD Infrastructure #9** Online infection prevention and control training curriculum for Community Based Care – ODHS has fully implemented this initiative through a contract with Oregon Care Partners.

\$500,000 TF; \$250,000 GF; \$250,000 FF

**APD Infrastructure #16** Establish a \$20M performance based contracting fund to incentivize Assisted Living/Residential Care/Memory Care Facilities to achieve quality/staffing/compensation benchmarks jointly established via stakeholder process – The funding was converted to a “Wage Add-on” program for community-based care facilities. The program allows community-based care providers to receive a ten percent enhancement in their Medicaid rate when their starting wage is \$15 or higher. Administrative rules were adopted at 411-027. To date, 417 providers have successfully enrolled in the program.

\$20,000,000 TF; \$4,750,000 GF; \$15,250,000 FF

**APD Worker Benefit #1** Provide a one-time payment of \$500 to any Home Care Worker who worked between 3/1/2020-02/28/2021 – Payments were made to HCWs on 12/1/2021.

\$10,790,500 TF; \$2,562,744 GF; \$8,227,756 FF

**APD Worker Benefit #4** Enhance services, benefits, and training opportunities available to Home Care Workers – Complete

\$18,676,000 TF; \$6,303,000 GF; \$12,373,000 FF

**APD Provider Benefit #1** One time payment of \$1,000 per resident to any Adult Foster Home who served residents between 3/1/2020-02/28/2021 – Payments were issued on 12/1/2021.

\$10,285,000 TF; \$3,059,788 GF; \$7,225,212 FF

**APD Provider Benefit #4** Provide a 5% COVID differential to Assisted Living Facilities, Residential Care, Memory Care, and In-Home Agencies effective 7/1/2021-3/31/2022 only – Fully implemented

\$17,406,835 TF; \$3,385,350 GF; \$14,021,485 FF

**APD Provider Benefit #5** Provide a 5% increase to Assisted Living Facilities, Residential Care, Memory Care, and In-Home Agencies effective 7/1/2021-7/1/2022 – Fully implemented

\$72,028,794 TF; \$21,883,156 GF; \$50,145,638 FF

**OHA Providers Benefit #1-** Provide a one-time payment of \$2262 to any Personal Care Attendant who worked between 3/1/20-2/28/21.

\$159,000 TF; \$47,605 GF; \$487,544 FF

**Projects in process of implementation (ODDS, then APD):**

**ODDS #1 Capacity Restoration and Expansion Grants --** COVID-19 has had an extremely negative impact on capacity for all services in the Intellectual/Developmental Disability system. Prior to COVID, there were areas of the state that needed additional provider capacity which was made worse by the pandemic.

To-date ODDS has issued \$5,000,000 for Employment and Day Support Activities Providers who have been substantially impacted by COVID-19. This funding will be imperative to continuing to support people with Developmental Disabilities to go to work, and maintain jobs in the community

\$20,000,000 TF; \$10,000,000 GF; \$10,000,000 FF

**ODDS #5** ODDS/CME ARPA Grant Infrastructure – Position descriptions have been submitted and most approved through classification; recruiting and hiring have begun.

\$10,347,758 TF; \$3,497,542 GF; \$6,850,216 FF

**ODDS #7** Provide reliable information about IDD services to people with IDD and families - This funding will be used to create an easily accessible information resource for families and people with IDD. We will make the resources easily accessible, culturally and linguistically appropriate and supportive of the values of Oregon's IDD system.

ODDS is currently in process on a contract for the development of a website, and other tools to assist with this initiative.

\$2,000,000 TF; \$1,000,000 GF; \$1,000,000FF

**ODDS #8** Develop resources and services for parents with IDD - In partnership with Child Welfare, this funding will be used to develop resources, training materials and ultimately specialized services for parents with IDD. This will include support in adaptation of CW assessments and practices to meet needs of children and parents with disabilities. The goal will be to help parents learn parenting skills so they are better able to parent their child/children. Additional training will include healthy relationship training. Outcomes will be tracked to support future efforts to secure similar funding if the initiative is successful. ODDS is in process of hiring to assist with this project (interviews are currently in process), and has deliverables outlined for the work.

\$1,500,000 TF; \$307,800GF; \$1,192,200FF

**ODDS #9** Impact Oregon Enhancement - ODDS developed the Impact Oregon website and associated marketing campaign in partnership with stakeholders to attract staff to work in the IDD field. Funding will be used to enhance this effort overall and to market specifically to attract clinicians - nurses, mental health professionals and behavioral professionals to the IDD field.

ODDS is awaiting signature on a contract to complete the enhancements; ODDS has always continued to advertise Impact Oregon and recently has seen an 80% increase in viewing due to increased advertising.

\$1,000,000TF; \$500,000GF; \$500,000FF



**ODDS #10** Eliminate client contribution for people in in-home services – ODDS received Centers for Medicare and Medicaid Services (CMS) approval for its request to remove client liability with an effective date of December 1, 2021.

\$3,000,000 TF; \$615,600 GF; \$2,384,400 FF

**ODDS #13 SACU** - The state operated Stabilization and Crisis Unit (SACU) will utilize the enhanced funding made available through ARPA to support the Direct Support Crisis Specialist (DSCS) workforce and make enhancements to improve services for people living at SACU.

ODDS has issued frontline worker payments; SACU is implementing training and has started purchasing emergency preparedness supplies and kits.

\$5,000,000TF; \$1,026,000GF; \$3,974,000FF

**ODDS #16** Maintain the increased funding to continue the overall 5% funding in the future rate models. This funding will allow to fully implement the new rate models in July 1, 2022.

\$81,232,742 TF; \$23,391,513 GF; \$57,840,269 FF

**ODDS #24** Blueprint Funding - ODDS has engaged in a large project intended to reshape and enhance case management services in Oregon. This funding will be used to fund implementation of recommendations from the Blueprint.

ODDS is in process on focus groups and finalizing recommendations; ODDS is actively recruiting for a position to assist with this project.

\$10,000,000TF; \$5,000,000GF; \$5,000,000FF

**ODDS #31** Cross-training and TA for Child Welfare and CMEs - This funding will provide staff to serve as liaisons between DD and CW in each program and to support placement and system navigation. We will also enhance cross-system training and learning opportunities for field staff in each program and expand resources for (foster) families serving children with I/DD to increase their understanding and skills.

ODDS is in process of hiring two positions – one position is closed and both are actively in interviews at this time. ODDS has also worked with Child Welfare to begin outlining the intent of this work and start planning.

\$1,885,000TF; \$942,500GF; \$942,500FF

**ODDS #38** Develop and Enhance the IT Infrastructure - ODDS will use this funding to initiate or expand current IT infrastructure projects.



Positions are actively being recruited for project management and support. Stakeholder conversations have started on the case management system, the PSW/HCW provider portal and other IT projects are beginning.

\$8,000,000TF; \$8,000,000GF

**APD Infrastructure #1** Deploy GrandPad technologies to 250 Program of All-Inclusive Care for the Elderly (PACE) participants – Negotiations with Providence ElderPlace are complete. Contract language has been submitted for drafting.

\$380,000 TF; \$151,050 GF; \$228,950 FF

**APD Infrastructure #3** Performance-based bonuses for PACE organizations that meet certain key performance metrics for all individuals by race/ethnicity – Negotiations with Providence ElderPlace are in process in the development of specific equity-based measures.

\$2,500,000 TF; \$993,750 GF; \$1,506,250 FF

**APD Infrastructure #6** Workforce Recruitment: Hire one Limited Duration Public Affairs Specialist 3 and \$100K marketing budget to promote usage of Connecttocare as a recruitment tool for long term care facilities and address the acute workforce shortage – ODHS will begin recruiting for the Public Affairs Specialist in December 2021 and work on developing the marketing strategy.

\$236,017 TF; \$168,012 GF; \$68,005 FF

**APD Infrastructure #7** Grant funding up to \$25,000 to congregate meal sites to help modernize infrastructure – APD staff are working on the language to issue the necessary RFP. The RFP is expected to be released early in 2022.

\$3,125,000 TF; \$3,125,000 GF

**APD Infrastructure #10** Provide startup costs not to exceed \$10,000 to develop more adult day centers in Oregon with a maximum of 10 new centers – APD staff are working on the language to issue the necessary RFP and communication campaign. The RFP is expected to be released spring 2022.

\$1,000,000 TF; \$1,000,000 GF

**APD Infrastructure #11** Allocate funding for senior centers to modernize and improve transportation availability – APD staff are working on the language to issue the necessary RFP. The RFP is expected to be released early in 2022.

\$8,750,000 TF; \$8,750,000 GF

**APD Infrastructure #12** Allocate \$3M to establish an innovation fund to improve the Long Term Services and Supports system and reserve \$2M on efforts to promote service equity and cultural competence in the Long term care system – APD is working with OCP on a Request for Grant Proposal with an anticipated release date of February 2022. APD staff are preparing to send out broad communication to various partner organizations and have created a public facing webpage containing information on the funding opportunity.

\$3,000,000 TF; 3,000,000 GF

**APD Infrastructure #15** Allocate \$5K to support training development and delivery for Long Term Services and Supports (LTSS) providers on service equity – ODHS remains in early planning stages for this initiative. ODHS expects that the curriculum will roll out in the second half of 2022.

\$500,000 TF; \$250,000 GF; \$250,000 FF

**APD Infrastructure #17** Establish a \$2.5M performance based contracting fund for Area Agencies on Aging (AAAs) that meet certain metrics in terms of quality/quantity/workforce diversity – APD has worked with the AAAs on a process and contract language. Contract amendments have been requested and are expected to be finalized in January 2022.

\$2,500,000 TF; \$1,250,000 GF, \$1,250,000 FF

**APD Consumer Benefit #1** Establish a post of \$2M to address unique needs that keep individuals out of crisis – APD has developed the policies and procedures for this new option. The next step is to train case managers and issue official guidance to local office staff. This will occur in December 2021.

\$2,000,000 TF; \$2,000,000 GF

**APD Consumer Benefit #2** Provide funding to pursue an 1115 demonstration waiver to support family caregivers – APD filed the 1115 Demonstration waiver application and is awaiting CMS's decision on the application. In the meantime, a workgroup comprised of APD and AAAs is meeting to develop the policies and procedures necessary to implement the new services.

\$5,000,000 TF; \$2,500,000 GF, \$2,500,000 FF

**APD Consumer Benefit #3** Eliminate the client contribution for in-home consumers completely – APD filed the 1915(c) amendment to implement this

program. APD is awaiting CMS approval, but expects to implement on January 1, 2022.

\$5,000,000 TF; \$1,187,500 GF; \$3,812,500 FF

**APD Consumer Benefit #4** Expand successful Money Management Program to serve more individuals – APD is working with OCP on the contract amendments.

\$1,000,000 TF; \$1,000,000 GF

**APD Consumer Benefit #5** Purchase up to 3 additional hours a week for services determined by conducting the UCLA Loneliness Scale and individuals scoring 6-9 would be eligible for the 3 additional hours a week – APD is working on the administrative rules and system coding to make this program a reality in the Medicaid system. APD expects to have the new services in place by July 2022.

\$8,026,720 TF; \$3,190,621 GF; \$4,836,099 FF

**APD Consumer Benefit #6** Amend current OAR to allow Deaf/Blind individuals who qualify for Medicaid to receive State Plan Personal Care (SPPC) services – APD is working on the administrative rules and system coding to make this program a reality in the Medicaid system. APD expects to have the new services in place by March 2022.

\$3,600,000 TF; \$1,431,000 GF; \$2,169,000 FF

**APD Consumer Benefit #7** Housing support services for individuals receiving APD services – APD filed the 1915(c) amendment to implement the program. APD will start working with stakeholders in January 2022 to build this new program and services.

\$1,085,120 TF; \$542,560 GF; \$542,560 FF

**APD Worker Benefit #2** Enhance bargaining pot for Home Care Workers by \$7.5M (in addition to GRP levels) – New rates and benefits will go into effect throughout the biennium. This includes two wage increases, additional benefits, and creation of new differentials for HCWs who are trained and are serving high need individuals.

\$7,500,000 TF; \$7,500,000 GF

**APD Worker Benefit #3** Provide seed funding toward a new healthcare trust for long term care workers – ODHS is working with the Oregon Health Authority on

initial implementation of SB800. At this time, a State Plan amendment has been issued and Oregon is awaiting feedback from CMS.

\$10,000,000 TF; \$10,000,000 GF

**APD Provider Benefit #2** Provide a temporary COVID enhancement of 5% from 7/1/2021-3/31/2022 only for Adult Foster Homes – The new rate is effective on 7/1/2021. Payments were issue for the new rate starting on 12/1/2021. Retro payments will be processed in 2022.

\$4,398,933 TF; \$1,093,282 GF; \$3,543,829 FF

**APD Provider Benefit #3** Enhance bargaining pot for Adult Foster Homes by \$5M (in addition to GRB levels) – Through the collective bargaining agreement, a second increase will be effective on 4/1/2022.

\$5,000,000 TF; \$5,000,000 GF

**APD Provider Benefit #6** Provide a \$500 per participant fee to Adult Day Service providers to help with the restart of programs – Payments are in process to these providers and are expected to be issued by 12/17/2021.

\$150,000 TF; \$150,000 GF

**OHA Infrastructure** - Allocate \$2,250,000 to establish an innovation fund to improve the behavioral health system. Reserve \$1,000,000 on efforts to promote service equity and cultural competence in the behavioral health residential system.

\$2,250,000 TF; \$2,250,000 GF

**OHA Infrastructure** - Allocate \$500,000 to support training development and delivery for providers on service equity.

\$500,000 TF; \$250,000 GF; \$250,000 FF

**OHA Infrastructure** - Establish a \$3,000,000 performance based contracting fund to incentivize SUD (Substance Use Disorder) and MH (Mental Health) providers to achieve quality/ staffing/ compensation benchmarks jointly established via stakeholder/accountability process.

\$3,000,000 TF; \$898,200 GF; \$2,101,800 FF

**OHA Infrastructure** - HSD estimates a need for 2 Principle Executive Manager E positions, four Operations and Policy Analysts 3 positions, two Training and

Development Specialists 2 positions, one Executive Support Specialist position and one Office Support 2 position.

\$1,317,860 TF; \$658,935 GF; \$658,925 FF

**OHA Infrastructure** - Funding for HIPAA Compliant technology for CMEs and providers. With the pandemic, all services had to move to remote models. This has proven successful for some individuals served and as we look to the future, we want the option for remote services to continue. This will also provide access to technology for residential settings to support efforts to decrease isolation during pandemics as called for in HB2394 During the pandemic, the HHS did not enforce HIPAA requirements for remote services. When the Public Health Emergency ends, we want to ensure these services can continue with the use of appropriate HIPAA technology.

\$500,000 TF; \$500,000 GF

**OHA Infrastructure** - Allocate funding for a contractor to develop new assessment tool and comprehensive person-centered service plan and training for IQA, providers, etc.

\$250,000 TF; \$125,000 GF; \$125,000 FF

**OHA Infrastructure** - Study to allow use of Rideshare. Lack of access to transportation continues to be a barrier for people with BH and SUD needs. HSD would like to expand access to transportation by allowing use of ride sharing services. A number of challenges have prevented use of these services. HSD will use this funding to initiate a study of other states use of these services with the goal of adding them as approved providers to our Medicaid authorities.

\$25,000 TF; \$12,500 GF; \$12,500 FF

**OHA Infrastructure** - Build on existing data captures for Individuals with Disabilities Education Act health related services billed to Medicaid to include service documentation and records in a statewide system for electronic education health related records would not exceed 3 million dollars and would be a huge benefit to having all of the child's health related services provided in public education programs and settings. The amount for this Information Technology (IT) project will include design meetings with Oregon Department of Education (ODE), stakeholder school districts, medically licensed staff providing services, and licensing boards to ensure documentation components are compliant with state and federal rules and regulations governing Individuals with Disabilities Education Act

(IDEA), Rehabilitation Act of 1973 section 504, OHA Medicaid and scope of practice governed by licensing boards. Will also include testing, roll out and training.

\$2,500,000 TF; \$1,250,000 GF; \$1,250,000 FF

**OHA Infrastructure** - Medical/Clinical expertise for HSD. HSD supports children and adults with significant medical challenges and co-occurring behavioral health challenges. As a community-based system, we do not have expertise embedded in our system for consultation when medical or serious behavioral health issues arise. These issues may tie to eligibility for BH or SUD services, or how to support someone in a community setting. We will use this funding to bring in short-term clinical support to establish a scope of work for a future, ongoing contract with a partner university or specialized clinic. This funding also includes resources for development of accessible health and wellness resources for people with BH/SUD needs and referral database for those resources for individuals, families, CMEs and providers.

\$2,000,000 TF; \$1,000,000 GF; \$1,000,000 FF

**OHA Infrastructure-** Develop and Enhance the IT Infrastructure - Funding to initiate or expand current IT infrastructure projects. The specific projects planned for this funding include:

- Expand the Employment Outcome Survey website to include publicly available, easy to access opening/vacancy information for other types of service providers.
- Work with APD/ODDS and SEIU to develop a HCW/PSW/PCA portal that will allow a worker to be approved to be both a PSW, HCW and PCA at the same time, rather than needing to navigate separate processes.
- Base funds to use for another Advanced Planning Doc to CMS to initiate a Provider Training Module for the various type of Agency Providers contracting with ODHS and OHA.

The current system used is a federal system that ODHS or OHA cannot modify. This could also be a combined HSD/DD/APD effort.

\$2,500,000 TF; \$2,500,000 GF

**OHA Services/Benefits** - Crisis Services. On a daily basis, OHA BH (Oregon Health Authority, Behavioral Health) encounters unique situations with the



consumers we serve. They often face barriers in life that we are unable to address due to regulatory limitations. HSD (Health Systems Division) proposes establishing a pot of \$1,500,000 to address unique needs that keep individuals out of crisis. HSD BH will track expenditures and be able to report on usage to monitor need and effectiveness. PSRB (Psychiatric Security Review Board)/Sex Offender Treatment/Community Supervision for criminal behaviors not related to medical/behavioral needs.

\$1,500,000 TF; \$1,500,000 GF

**OHA Services/Benefits** - Expand Money Management Program to serve more individuals.

\$250,000 TF; \$125,000 GF; \$125,000 FF

**OHA Services/Benefits** - People with Behavioral Health and SUD needs are at high risk of being socially isolated and lonely. The National Core Indicators for Aging and People with Disabilities survey reports that many individuals receiving Medicaid services report feeling isolated from friends and family and feel lonely. This investment would purchase additional weekly service hours as determined by conducting the UCLA Loneliness Scale. Individuals scoring 6-9 would be eligible for additional service hours every week. These services could be provided by peer support specialists.

\$1,500,000 TF; \$1,500,000 GF

**OHA Services/Benefits** - Housing for individuals receiving BH services continues to be a barrier to helping individuals transition to homes of their own. While HSD cannot pay rent or subsidize direct housing, HSD can provide supports to individuals who need assistance in finding and maintaining housing. HSD would provide the services to individuals transitioning to, or living in the community, including but not limited to: Conduct a housing assessment identifying individual's preferences related to housing and needs for support to maintain housing, budgeting for housing and living expenses, assist individuals to view and acquire housing. Develop an individualized housing support plan based upon the housing assessment. Communicate the individual's disability/condition, accommodations needed, and components of emergency procedures involving the property manager. Community Transition Services cover expenses necessary to enable individuals to obtain an independent, community-based living setting. Specifically, allowable expenses may include: deposits required to obtain a lease on an apartment or home; essential household furnishings



required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; set-up fees or deposits for utility or service access, moving expenses; necessary home accessibility adaptations; and activities to assess need, arrange for, and procure needed resources.

\$695,894 TF; \$208,351 GF; \$487,544 FF

**OHA Services/Benefits** - Flexible grant funding to support people through Community Mental Health Programs (CMHPs). In difficult and unexpected situations, people with Behavioral Health needs and their families need access to small amounts of flexible funding to prevent negative outcomes. Outcomes will be tracked to support future efforts to secure similar funding if the initiative is successful. Examples from recent years include:

- Funding for emergency housing after an evacuation.
- Funding to support purchase technology for remote support and communication with families and providers.
- One-time assistance to maintain or secure housing
- Emergency relief care.

\$1,000,000 TF; \$1,000,000 GF

**OHA Services/Benefits** - Fund to support advocacy by self-advocates - Oregon wants to expand access to advocacy trainings, meetings and events for people with BH and SUD needs. This funding will support creative ideas for expanding access to advocacy efforts. Payments may support:  
funding for local self-advocacy organizations.

- Support for travel costs to meetings and trainings.
- Marketing materials in multiple languages for self-advocacy organizations.

\$200,000 TF; \$200,000 GF

**OHA Services/Benefits** - Provide Home Delivered Meals to individuals receiving 1915(i) Home and Community-Based Services

\$933,420 TF; \$254,619 GF; \$678,801 FF

**OHA Providers - Payments, Training and Equipment** - Enhance bargaining pot for Personal Care Attendants by \$1,001,450 (in addition to GRB levels).

\$1,001,450 FF; \$1,001,450 GF

**OHA Providers - Payments, Training and Equipment** – Enhance services, benefits and training opportunities available to Personal Care Attendants. Administered via joint trust with benefits authorized by board.

\$2,440,168 TF; 730,586 GF; \$1,709,582 FF

**OHA Providers - Payments, Training and Equipment-** Onetime payment of \$1000 per resident to any Adult Foster Home who served residents between 3/1/20-2/28/21. Ultimately requires bargaining.

\$783,000 TF; \$234,430 GF; \$548,570 FF

**OHA Providers - Payments, Training and Equipment** - Provide a temporary COVID enhancement of 5% from 7/1/21- 3/31/22 only. Adult Foster homes. Ultimately requires bargaining.

\$2,299,153 TF; \$688,366 GF; \$1,610,786 FF

**OHA Providers- Payments, Training and Equipment** - Enhance bargaining pot for Adult Foster Homes by \$750,821 (in addition to GRB levels).

\$750,821 TF; \$750,821 GF

**OHA Providers - Payments, Training and Equipment** - Grants to provide Personal Care Attendants with devices to access EVV - A 2017 federal law requires all states to implement Electronic Visit Verification (EVV) for in home workers. Lack of access to a smart device to log into EVV to record work hours may be a barrier. These funds will provide devices to PCAs who lack access so they can log into the system to record their time.

\$100,000 TF; \$50,000 GF; \$50,000 FF

**OHA Information and Referral** - Provide reliable information about Agency services to people with BH and SUD needs and their families - Oregon's BH and SUD service system is decentralized with information about our core values, resources and variety of services available, provided through numerous local entities. We have heard from families that this makes it difficult to find reliable, consistent information about agency services and supports. This funding will be used to create an easily accessible information resource for individuals and families. We will make the resources easily accessible, culturally and linguistically appropriate and supportive of the values of Oregon's BH and SUD system.

\$100,000 TF; \$50,000 GF; \$50,000 FF

**OHA Information and Referral** - Develop resources and services for parents with BH and SUD needs - There is a growing need for resources, training and services that are specific to parents with BH and SUD needs. In partnership with Child Welfare/Oregon Youth Authority/Criminal Justice (CJ), this funding will be used to develop resources, training materials and ultimately specialized services for these parents. This will include support in adaptation of CW assessments and practices to meet needs of children and parents with BH and SUD issues. The goal will be to help parents learn skills so they are better able to parent their child/children. Additional training will include healthy relationship training. HSD will work with Child Welfare/OYA/CJ to create cross-system support and access to these resources. Outcomes will be tracked to support future efforts to secure similar funding if the initiative is successful.

\$300,000 TF; \$89,820 GF; \$210,180 FF

**OHA Information and Referral** - Allocate funding to develop website and marketing campaign in partnership with stakeholders to attract people to work in the BH/SUD system. Funding would be used to develop this effort to attract clinicians, nurses, mental health professionals, behavioral professionals and SUD professionals to expand the pool of providers in the BH/SUD system. This will be similar to the Impact Oregon website and marketing campaign developed by ODDS to attract specific professionals to work in the IDD system.

\$100,000 TF; \$50,000 GF; \$50,000 FF

(4) Actual and projected expenditures for activities in the investment plan between April 1, 2021, and March 31, 2024. The Department shall provide the Legislative Fiscal Office **a copy of the quarterly spending plans and narrative submissions provided to the U.S. Centers for Medicare and Medicaid Services – please see attached CMS submission documents.**

(5) Staff resources needed to implement – the projects in process have been implemented with current staff. The remaining items require additional staff. ODHS is requesting the following: For ODDS 57 LD Positions at 50.16 FTE and for APD 38 permanent full-time positions at 30.19 FTE.

**Action Requested:**

ODHS and OHA requests acknowledgement of receipt of report and request approval for additional Federal Funds limitation and positions authority not included in the 2021-23 Legislatively Adopted Budget. ODHS is requesting

position authority for ODDS of 57 limited duration positions at 50.16 FTE and for APD 38 permanent full-time positions at 30.19 FTE. ODHS is also requesting \$435,570,077 in Federal Funds related to the positions and the projects indicated above. OHA is requesting \$30,263,630 increased Federal Funds limitation and 10 positions at 6.30 FTE (start date 4/1/22).

### Legislation Affected

Updated estimates of the total amount of funds attributable to the increase in FMAP:

ODHS Legislation Affected:

**ODDS** – increase Federal Funds by \$251,804,609 Oregon Laws 2021, Chapter 606 3(7)

**APD** – increase Federal Funds by \$183,765,468 Oregon Laws 2021, Chapter 606 3(6)

OHA Legislation Affected:

Oregon Laws 2021, Chapter 668, 5(1), increase Federal Funds \$30,263,630

If you have questions, please contact Mike McCormick at [mike.r.mccormick@dhsola.state.or.us](mailto:mike.r.mccormick@dhsola.state.or.us) for APD and Lilia Teninty at [lilia.teninty@dhsola.state.or.us](mailto:lilia.teninty@dhsola.state.or.us) for I/DD.

Sincerely,



Fariborz Pakseresht  
ODHS Director



Patrick M. Allen  
OHA Director

CC: Laurie Byerly, Legislative Fiscal Office  
Gregory Jolivet, Legislative Fiscal Office  
Tom MacDonald, Legislative Fiscal Office  
George Naughton, Department of Administrative Services  
Ali Webb, Department of Administrative Services  
Mike Streepey, Department of Administrative Services  
Patrick Heath, Department of Administrative Services