

**CHAPTER 411
DIVISION 1**

**ADMINISTRATIVE RULEMAKING AND MEDICAID AND LONG TERM
CARE (MLTCQRAC) NOTICE REQUIREMENTS**

**Medicaid Long Term Care Quality and
Reimbursement Advisory Council**

411-001-0100 Purpose

(Amended 6/1/2006)

(1) The purpose of these rules is to establish procedures for the operation of the Medicaid Long Term Care Quality and Reimbursement Advisory Council.

(2) The Medicaid Long Term Care Quality and Reimbursement Advisory Council was established by the 1995 Legislative Assembly and is directed to advise the, Department of Human Services, Seniors and People with Disabilities on changes or modifications to the Medicaid reimbursement system and the adverse and positive effects of the changes or modifications on the quality of long term care and community-based care services. The Council consists of twelve stakeholders (consumers, advocates and providers) appointed by the Governor, the President of the Senate and the Speaker of the House.

(3) When a proposed change or modification has an estimated fiscal impact of more than \$100,000, the Department is directed to submit the proposed change or modification along with the Council's written recommendation to the Legislative Assembly, when in session, or the Emergency Board for approval prior to implementation.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.550 - 410.455

411-001-0110 Definitions

(Amended 6/1/2006)

(1) "Council" means the Medicaid Long Term Care Quality and Reimbursement Advisory Council.

(2) "Department" means the Department of Human Services, Seniors and People with Disabilities.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.550 - 410.455

411-001-0120 Council Operation

(Amended 6/1/2006)

(1) Within 60 calendar days after receipt from the Department of any proposed change or modification to the Oregon Medicaid reimbursement system for long term care and community-based care services, the Medicaid Long Term Care Quality and Reimbursement Advisory Council (Council) will issue a written advisory recommendation to the Department. The 60-day period will begin the day following delivery to the chairperson of the Council if a proposed change or modification is faxed, hand-delivered or e-mailed. Otherwise, the 60-day period will begin the third day after the date of mailing first class.

(2) A written advisory recommendation issued by the Council will state:

(a) Whether the Council supports or opposes the proposed change or modification;

(b) Whether the Council concludes that the proposed change or modification will have an adverse or positive effect on the quality of long term care and community-based care services provided under the Oregon Medicaid program; and

(c) The basis for its recommendation including:

(A) The reason(s) for its position;

(B) A list of the principal documents, reports or studies, if any, relied upon in considering the proposed change or modification; and

(C) Other information deemed appropriate by the Council.

(3) Timeline for written recommendation.

(a) Notwithstanding section (1) of this rule, the Department may shorten the time within which the Council must issue a written recommendation if the Department decides to adopt a proposed change or modification by temporary rule and if the Department prepares a written statement in which it:

(A) Finds that its failure to make proposed changes or modifications promptly is likely to result in serious prejudice to the public interest or to the interests of clients of the Department, providers of long term care or community-based care services, or other affected parties;

(B) Specifies reasons why the agency's failure to act promptly is likely to result in serious prejudice to those interests;

(C) States the need for the proposed change or modification and how the change or modification is intended to meet the need;

(D) Lists the principal documents, reports, or studies, if any, prepared or relied upon by the Division in evaluating the need for the proposed change or modification; and

(E) If the proposed change or modification is to be made by administrative rule, cites the legal authority relied upon and bearing upon the adoption, amendment, or suspension of the rule;

(b) However, the Department may not shorten the time for written recommendation to less than five business days.

(4) If the Department intends to adopt an administrative rule that directly or indirectly proposes a change or modification to the Oregon Medicaid reimbursement system, the Department may not proceed with notice requirements provided for in ORS 183.335 until it has received the

Council's written recommendation or the time permitted to the Council for issuance of a written recommendation has passed, whichever occurs first.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.550 - 410.555