

## **Table of Contents**

**State/Territory Name:OR**

**State Plan Amendment (SPA) #: 23-0039**

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  
Center for Medicaid & CHIP Services  
230 South Dearborn, 33rd Floor  
Chicago, Illinois 60604



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**Financial Management Group/ Division of Reimbursement Review**

February 7, 2024

Vivian Levy, Interim Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, Oregon 97301-1079

RE: TN 23-0039

Dear Interim Director Levy:

We have reviewed the proposed Oregon state plan amendment (SPA) to attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 29, 2023. This SPA increased the reimbursement rates for behavioral health with a 3.4% cost of living adjustment (COLA).

Based upon the information provided by the state, we have approved this amendment with an effective date of October 1, 2023. 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 James Moreth at 206-615-2043 or [James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov).

Sincerely,



Todd McMillion Director  
Division of Reimbursement Review

Enclosures cc:

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 3 9</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  
**10/1/23**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 440.130(d) & 440.60**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 71,776,565  
b. FFY 2025 \$ 71,776,565

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 4.19-B, Page 1-b**


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Attachment 4.19-B, Page 1-b**

9. SUBJECT OF AMENDMENT  
**This transmittal is being submitted to increase fee-for-service behavioral health rates. It also removes interpreter services from this page as interpreter services are approved for all programs under TN 22-0009.**

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  
**11/29/23**

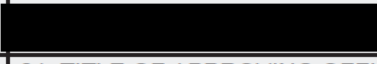
15. RETURN TO  
**Oregon Health Authority  
Medical Assistance Programs  
500 Summer Street NE E-65  
Salem, OR 97301**

**ATTN: Jesse Anderson, State Plan Manager**

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>11/29/23</b>	17. DATE APPROVED <b>February 7, 2024</b>
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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 <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, DRR</b>

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: OREGON  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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13.d. Rehabilitative Mental Health Services

Payment methods for Rehabilitative Mental Health Services are a state-wide fee schedule. The agency's fee schedule rate was set as of 10/1/23 and is effective for services provided on or after that date. The statewide fee schedule rate will receive a 3.4% inflationary adjustment effective July 1, 2024. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative mental health services. The fee schedule is posted on the agency web at:

<https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.

13.d. Rehabilitative Services: Substance Use Disorder (SUD)

Payment methods for Rehabilitative SUD Services are a state-wide fee schedule. The agency's fee schedule rate was set as of 10/1/23 and is effective for services provided on or after that date. The statewide fee schedule rate will receive a 3.4% inflationary adjustment effective July 1, 2024. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Rehabilitative SUD Services. The fee schedule is posted on the agency web at:

<https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.