

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

AUG 20 2012

Bruce Goldberg, MD, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number 12-002

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services' Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-002. This amendment updates Attachment 3.1-D, Methods of Assuring Transportation, to reflect the current, long-standing, statewide use of non-emergency medical transportation (NEMT) brokers, under a 1915(b) waiver, to arrange transportation and to reimburse for all but two types of transportation-related costs. The state updated Attachment 3.1-A to refer readers to Attachment 3.1-D for a description of NEMT services, and also updated Attachment 4.19-B to specify reimbursement amounts for the two transportation-related costs that are reimbursed on a fee for service basis: non-emergency ambulance and meals/lodging.

We are approving this SPA with an effective date of January 1, 2012, and have included the approved state plan pages with this letter.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or Tania.Seto@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of Carol J. C. Fevery.

Carol J. C. Fevery
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

by 7/20/12

cc:
Judy Mohr Peterson, Administrator

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

LIMITATIONS ON SERVICES (Cont.)

24.a. Transportation

Emergency Ambulance transportation is provided as a mandatory medical service covered under the Medical Assistance Program. Emergency Ambulance does not require a Prior Authorization

Non-Emergent Medical Transportation provided as described in 3.1-D of the State Plan.

Transportation to and from school may be claimed as a Medicaid service when the child receives a medical service in school on a particular day when both the SBHS covered service and the need for medically necessary transportation are included in the child's IEP/IFSP and the transportation provided is adapted to serve the needs of the disabled child pursuant to 42 CFR 440.170 (a)(1). An IEP should include only specialized services that a child would not otherwise receive in the course of attending school. Transportation may also be billed to Medicaid when a child resides in an area that does not have school bus transportation (such as those areas in close proximity to a school) but has a medical need for transportation that is noted in the IEP, and when a child receives a Medicaid covered IDEA service at an off-site facility or is transported to a provider in the community.

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METHODS OF ASSURING TRANSPORTATION

Non-Emergency Medical Transportation is provided as an optional medical service in accordance with 1902(a)(4)(A) of the Act and 42 CRF 431.53. NEMT is provided statewide under 1915(b) authority and in some cases under FFS State plan authority as outlined below.

Non-Emergency Medical Transportation under the 1915(b) waiver

Oregon uses a brokerage system to provide NEMT rides to eligible clients. The State provides NEMT services by Intergovernmental Agreements with Transportation brokers that service the state through approximately 8 regional brokerages. The brokers have oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed, qualified, competent, and courteous. Brokerages are subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services. The brokers are governmental entities and can provide transportation itself or through subcontracts.

Brokers operate access management centers and interact with eligible Medicaid clients requesting access to eligible Medicaid services – trips are only authorized after brokers verify client eligibility and determine that clients do not have other transportation resources/options. Clients who have alternative means of no-cost transportation are not eligible for transportation through the brokerages. “No-cost” transportation includes rides provided by local social service agencies, law enforcement agencies, friends or relatives or any other means which would be considered by the Division to be a prior resource.

To directly save Medicaid medical funds (and as examples), brokers may authorize trips to Veterans’ Hospitals, Shriners’ Hospitals, and for services where Medicare and/or private insurance is primary and Medicaid coverage is secondary. Transportation for clients who also have Medicare Part D is provided at the same level of service as, and under the same restrictions for, prescription drug pickups.

TN No. 12-02
Supersedes TN No.

Approval Date: **AUG 20 2012**

Effective Date: 1/1/12

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METHODS OF ASSURING TRANSPORTATION (Cont)

Brokers assign trips to the most appropriate and cost-effective available transportation services subcontractor based on each client's mobility status and personal capabilities.

The NEMT broker provides transportation under their Intergovernmental Agreement with the State to all mandatory and optional categoricals included in section 2.2-A of this state plan. Populations excluded from NEMT under the 1915(b) waiver are Qualified Medicare Beneficiary (QMB only), Legalized aliens under 440.255 (CAWEM) and Medicaid expansion populations under the 1115 demonstration authority (OHP Standard)

NEMT services provided include:

- wheelchair van
- non-emergent ambulance level transports (air & ground)
- taxi
- sedan transport
- stretcher car
- bus/train passes
- bus/train tickets
- secured transportation
- other transportation (described below)

When cost effective, appropriate, and necessary broker may use/authorize gas vouchers, grouped-ride vehicle, volunteers, parking, air transport and, client and necessary attendant reimbursements (mileage, lodging and meal reimbursement) as outlined at 42 CFR 440.170 (a) (3) (ii).

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METHODS OF ASSURING TRANSPORTATION (Cont)

Non-Emergency Medical Transportation outside of the 1915(b) waiver

Transportation services outside of the brokerage system are:

- Non-emergent ambulance level transports (except in area where provided by the broker)
- client and necessary attendant reimbursement-includes mileage, meals & lodging (except in area where provided by the broker)

The State provides transportation (for cases outside of the brokerage Intergovernmental Agreement) to all mandatory and optional categoricals included in section 2.2-A of this state plan. Populations excluded from NEMT under FFS are Qualified Medicare Beneficiary (QMB only), legalized aliens under 440.255 (CAWEM) and Medicaid expansion populations under the 1115 demonstration authority (OHP Standard).

NEMT payments outside of the 1915(b) brokerage are paid on a FFS basis as outlined in Attachment 4.19-B. The fee schedule is published on the Divisions web at http://www.oregon.gov/OHA/healthplan/data_pubs/feeschedule/main.shtml.

Transportation is provided as an administrative activity in accordance with 1902(a)(4)(A) of the Act and 42 CRF 431.53 when payments are made directly to individuals as reimbursement for mileage or transportation related services.

All clients, regardless if served by the brokerage or the State, have the right to request a fair hearing and an appeal to a hearing decision, except in relation to provisions that are inapplicable under 42 CFR 440.170. Fair hearings are conducted before an impartial administrative law judge in accordance with the state's administrative hearings procedures (the same process as for other Medicaid healthcare services).

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Provider type/ Service type	Payment method
6.d. Nurse Anesthetists	Payment for services is a state-wide fee schedule which utilizes the current American Society of Anesthesiology Relative Value base units plus time.
7. Home Health	Payment for services is a state-wide fee schedule based upon 74% of the most recently accepted Medicare Cost reports.
7. c. Medical Supplies and Equipment.	Payment for services is a state-wide fee schedule. Ostomy supplies are 95.4% of 2010 Medicare fee schedule, Complex Rehab items are 90.5% of 2010 Medicare fee schedule, all other items are 80% of 2010 Medicare fee schedule. Unlisted procedures are based upon acquisition cost plus 20%.
8. Private Duty Nursing Services:	Payment for services is a state-wide fee schedule based on community wages set in 1993 with periodic CPI increases.
10. Dental services Dentist, Dental hygienist with an Expanded Practice Permit	Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs and the largest commercial dental insurance carrier in Oregon.
11. Physical Therapy, Occupational Therapy, Speech, Hearing, Audiology services.	Payment for services is a state-wide fee schedule which Utilizes the RBRVS Scale, times the Oregon specific conversion factor.
12.b. Dentures, Denturist	Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs and the largest commercial dental insurance carrier in Oregon.
12.c. Prosthetic Devices	Payment for services is a state-wide fee schedule based on 83% of 2010 Medicare fee schedule. Unlisted procedures are based upon acquisition cost plus 20%.
12. d. Eyeglasses, contacts and hardware	Payment for services is a state-wide fee schedule utilizing a contract with a federally qualified rehabilitation facility. The contract is effective for service on or after 10/1/11.
24.a. Transportation	<u>Emergency Transport-</u> Payment for emergency medical transportation services is a state-wide fee schedule. <u>Non-emergency transports not provided/arranged by the brokerage system as authorized under 1915(b) waiver authority-</u> NEMT ambulance level transports is a state-wide fee schedule. Client and necessary attendant reimbursement- mileage is \$0.25 per mile and is all-inclusive. Meals- Breakfast: \$3.00,Lunch: \$3.50,Dinner: \$5.50 Lodging- the lesser of the actual cost, or \$40 per night.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Provider type/ Service type	Payment method
24.f. Personal Care Services	<p><u>For Clients Served through Seniors and People with Disabilities:</u> Payments are made to individual providers based on state-wide uniform hourly rate. The fee schedule is the same for both governmental and private providers. The rate for Personal Care Services for Clients Served through Seniors and People with Disabilities was last updated on 1/1/11 and is applicable to services rendered on or after that date. The rate is posted on the agency web at: http://www.oregon.gov/DHS/spd/provtools/rateschedule.pdf.</p> <p><u>For Clients Served through the Addictions and Mental Health Divisions (AMH):</u> For services provided in licensed community-based residential settings, Payments are made to individual providers (in accordance with Chapter 309 of the Oregon Administrative Rules for personal care services) based on the special needs of an individual, identified through an assessment performed by an approved practitioner recognized by AMH as a Qualified Mental Health Professional and incorporated into an individual plan of care. The rate for Personal Care Services for Clients Served through Addictions and Mental Health Division was last updated on 1/1/11 and is applicable to services rendered on or after that date. The rate is posted on the agency web at: http://www.oregon.gov/DHS/mentalhealth/tools-providers.shtml</p> <p><u>For Children in a Foster Care Setting:</u> Payments are made to individual providers (in accordance with a fee schedule for personal care services maintained in Chapter 413 of the Oregon Administrative Rules) based on the special needs of an individual child, identified through an assessment performed by an Registered Nurse and incorporated into an individual plan of care. Payment is only made for the days the child is eligible for and receives personal care services. The fees were last updated September 1, 2009.</p> <p>There are four levels of care: Level 1 - \$47.77 per week; Level 2 - \$95.30 per week; Level 3 - \$143.07 per week; and Level 4 - In extraordinary situations where continuous observation and/or interventions may be required, individualized rates are developed based on the child's needs.</p>