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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 14-04

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
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, Washington 98104



Division of Medicaid & Children's Health Operations

SEP 19 2014

Suzanne Hoffman, Acting Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number 14-04


Dear Ms. Hoffman:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 14-04. This amendment corrects and reduces duplicative licensing requirements for behavioral health providers.

This SPA is approved effective April 1, 2014, as requested by the state.

The CMS appreciates the efforts and cooperation of Oregon's leadership and staff throughout the review process. Please direct any questions regarding this *matter to me, or have your staff contact Jennifer Lutz-Stucky* at either 206-615-2422 or via email at Jennifer.Stucky@cms.hhs.gov.

Sincerely,


Carol J.C. Fevery ⁷¹⁵
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Judy Mohr Peterson, Medicaid Director
Rhonda Busek, Interim Director, DMAP
Jesse Anderson, State Plan Manager, DMAP
Brandon Smith, CMS Central Office (electronic copy)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-04	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 4/1/14	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 0 b. FFY 2015 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 6-d, 6-d.1-6-d.19 & 6-e	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 6-d, 6-d.1-6-d.19 & 6-e

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reduce duplicative licensing requirements for behavioral Health providers.

11. GOVERNOR'S REVIEW (Check One):


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Division of Medical Assistance Programs Oregon Health Authority 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME Rhonda Busek	
14. TITLE: Interim Director, Division of Medical Assistance Programs	
15. DATE SUBMITTED: 6-19-14 6/28/14	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/28/14	18. DATE APPROVED: 9/19/2014
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2014	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peeverly	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

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

13.d. Rehabilitative: Mental Health Services

Mental health rehabilitative services include coordinated assessment, therapy, consultation, medication management, skills training and interpretive services. The Addictions and Mental Health Division (the Division) may provide these services in various settings, including residential. Each contract or subcontract provider of rehabilitative services establishes a quality assurance system and a utilization review process. Each contract or subcontract provider, in conjunction with a representative quality assurance committee, writes a quality assurance plan to implement a continuous cycle of measurement, assessment and improvement of clinical outcomes based upon input from service providers, clients and families served, and client representatives.

The Division provides mental health rehabilitative services through approved Mental Health Organizations (MHOs), Coordinated Care Organizations (CCO), Community Mental Health Program (CMHPs) or through direct contracted providers. The MHOs, CCOs or CMHPs may provide services directly, or through subcontract providers, in a variety of settings. Mental health rehabilitation services must be recommended by a physician or other licensed practitioner of the healing arts, within the scope of their practice under State law, for the maximum reduction of mental disability and restoration of a recipient to their best possible functional level.

Mental health rehabilitation service components include:

- Intake evaluation, assessment, screenings and brief intervention treatment
- Crisis and Stabilization services
- Individual, Group and Family level rehabilitative therapy
- Medication management and monitoring
- Mental Health Services provided in to children, adolescent and adults in Residential settings (includes intensive rehabilitative treatment);
- Peer Support;
- Rehabilitation Mental Health Case Management'
- Skills training.

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13.d. Rehabilitative: Mental Health Services (Cont)

Intake evaluation, assessment, screening and brief intervention treatment:

An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, stabilization services and free-standing evaluation and treatment. Routine services may begin before the completion of the intake once medical necessity is established. Coordinated assessments and screenings include the intake process of the individual, a mental health assessment resulting in a diagnosis and completion of an integrated service and support plan (ISSP) with the individual's input in setting their treatment goals. Individual Service and Support Plan (ISSP) means a comprehensive plan for services and supports provided to or coordinated for an individual and his or her family, as applicable, that is reflective of the mental health assessment and the intended outcomes of treatment. Brief intervention treatment is a solution focused and outcomes oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. This plan does not include assistance with self/care or life skills training. Enrollees may move from brief intervention treatment to longer term Individual Services at any time during the course of treatment. Duration/frequency of this service is determined by the individual's needs and documented in their ISSP. Providers authorized to provide these services include LMP, QMHP and mental health interns under appropriate supervision.

TN 14-04
Supersedes TN 12-06

Approval Date
9/19/2014

Effective Date 4/1/14

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13.d. Rehabilitative: Mental Health Services (Cont)

Crisis and Stabilization services:

Evaluation and treatment of mental health crisis to individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation. Stabilization services include short-term face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional. Stabilization services may be provided prior to an intake evaluation for mental health services. Providers authorized to provide these services include LMP, QMHP and mental health interns under appropriate supervision.

Individual, Group and Family level rehabilitative therapy:

Therapy contains both individual and group psychotherapy in alignment with the stated goals in the ISSP to restore an individual's function. Services provided to individuals designed to assist in the attainment of goals described in the ISSP. Goals of Individual, Group or Family level treatment may include enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and /or maintain stability in living, work or educational environment.

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13.d. Rehabilitative: Mental Health Services (Cont)

Individual, Group and Family level rehabilitative therapy (Cont):

Individuals eligible for group therapy must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. Duration/frequency of this service is determined by the individual's needs and documented in their ISSP. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their ISSP. Providers authorized to provide these services include LMP, QMHP and mental health interns.

Medication management and monitoring:

The prescribing and/or administering and reviewing of medications and their side effects, includes both pharmacological management as well as supports and training to the individual. This service shall be rendered by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy. Also includes medication monitoring, reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. Time spent with the enrollee is the only direct service billable component of this modality. Duration/frequency of this service is determined by the individual's needs and documented in their ISSP. Providers authorized to provide these services include LMP, QMHP, QMHA and mental health interns.

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13.d. Rehabilitative :Mental Health Services (Cont)

Mental Health Services provided to children, adolescents and adults in Residential settings:

A specialized form of rehabilitation service in settings that are not comprised of institutions of more than 16 beds and primarily engaged in providing diagnosis, treatment or care of person with mental disease between the age of 22 and 64, that offers a sub-acute psychiatric management environment. Individuals receiving this service present with severe impairment in psychosocial functioning or has apparent mental illness symptoms with an unclear etiology due to their mental illness and treatment cannot be safely provided in a less intense treatment setting. Individuals receiving this level of rehabilitative care receive services in a residential setting based on a plan of care designed with the intent to provide the setting and treatment for the individual to continue in recovery so they are ready to return to more independent and less restrictive treatment settings. Services are provided in Residential Treatment Facilities, Residential Treatment Homes and Adult Foster Homes licensed and certified by the Addictions and Mental Health Division of the Oregon Health Authority. These residential providers employ a variety of mental health staff including licensed and non-licensed staff in compliance with the Integrated Service and Support Rule (ISSR) and provide services in an integrated team approach. Therapeutic interventions may be performed in individual and group format in these settings. Services and providers included in this under this setting are the same as those described in the remainder of the rehabilitation section and include: Intake evaluation, assessment, screening, brief intervention treatment, crisis and stabilization services, individual, group, and family level rehabilitative therapy, medication monitoring, peer support, rehabilitation mental health case management and skills training.

Peer Support:

Peer services can be provided by peer counselors to individuals who are under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. Peer support services promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills in order to facilitate the recovery of other individuals with mental health and substance use disorders. Peer services include self-help support groups by sharing the peer counselor's own life experiences related to mental illness and will build support mechanisms that enhance the consumers' recovery and restores their ability to function in the community.

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13.d. Rehabilitative: Mental Health Services (Cont)

Peer Support (Cont):

These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, drop-in centers etc.). Services provided by peer counselors are described in the individualized ISSP which uses a person centered planning process to promote participant ownership of the plan of care and delineates specific goals.

Rehabilitation Mental Health Case Management:

To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission community to mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned re-admission and to increase the community tenure for the individual. Providers authorized to provide these services include LMP, QMHP, QMHA, Peer Support Specialists and mental health interns.

Skills training:

Provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) provided in a wide array of settings, including residential and outpatient, for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. Patients engage in their treatment as outlined in the ISSP and these services are restorative in nature. Duration/frequency of this service is determined by the individual's needs and documented in their ISSP. Providers authorized to provide these services include QMHP, QMHA, Peer Support Specialists and mental health interns.

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13.d. Rehabilitative: Mental Health Services (Cont)

Provider qualifications:

Providers outlined below are authorized to provide mental health rehabilitative services:

- A. Licensed Medical Practitioners (LMPs) provide ongoing medical oversight as appropriate. A Licensed Medical Practitioners (LMP) means a person who meets the minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:
 - 1. Holds at least one of the following educational degrees and valid licensure:
 - a. Physician licensed to practice in the State of Oregon;
 - b. Advanced Practice Nurses including Clinical Nurse Specialist and Certified Nurse Practitioner licensed to practice in the State of Oregon; or
 - c. Physician's Assistant licensed to practice in the State of Oregon.
 - 2. Whose training, experience and competence demonstrates the ability to conduct a comprehensive mental health assessment and provide medication management, including a practitioner of the healing arts, acting within the scope of his or her practice under State law, who is licensed by a recognized governing board in Oregon.
- B. "Clinical Supervisor" means a Qualified Mental Health Professional (QMHP) with at least two years of post graduate clinical experience in a mental health treatment setting who subscribes to a professional code of ethics. The clinical Supervisor, as documented by the LMHA, demonstrates the competency to oversee and evaluate the mental health treatment services provided by a QMHA or QMHP.

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13.d. Rehabilitative: Mental Health Services (Cont)

Provider qualifications (cont):

- C. "QMHP" must be licensed, or be employed by, or contract with, an organization that has obtained a certificate of approval from the Division for the scope of services to be reimbursed. QMHP is a Licensed Medical Practitioner or any other person meeting the following minimum qualifications as documented by the LMHA or designee:
1. Graduate degree in psychology;
 2. Bachelors degree in nursing and licensed by the State of Oregon;
 3. Graduate degree in social work;
 4. Graduate degree in a behavioral science field;
 5. Graduate degree in a recreational, art, or music therapy; or
 6. Bachelor's degree in occupational therapy and licensed by the state of Oregon;
 7. Licensed by the Oregon state Board of Psychologist examiners, Licensed Social Workers, Licensed Professional Counselors and Therapists; and
 8. Whose education and experience demonstrates the competencies to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multi axial DSM diagnosis; write and supervise a treatment plan; conduct a comprehensive mental health assessment; and provide individual, family, and/or group therapy within the scope of their training.
- D. "QMHA" means a person delivering services under the direct supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:
1. A bachelor's degree in a behavioral sciences field; or
 2. A combination of at least three year's relevant work, education, training or experience; and

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13.d. Rehabilitative: Mental Health Services (Cont)

Provider qualifications (cont):

3. Has the competencies necessary to:
 - a. Communicate effectively;
 - b. Understand mental health assessment, treatment and service terminology and to apply the concepts; and
 - c. Provide psychosocial skills development and to implement interventions prescribed on a treatment plan within their scope of practice.

E. "Peer-Support" Specialist" means a person delivering services under the supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. An Individual who has successfully completed training through a curriculum approved by AMH. This curriculum focuses on six (6) principles including:
 - Being culturally appropriate
 - Includes concepts of informed choice
 - Creating partnerships
 - Being person centered
 - Utilize strengths-based and trauma informed care concepts

Curriculum must contain the following specific elements, at a minimum:

- Communication skills and concepts
- Documentation skills and concepts
- Education specific to peer population and special needs of this population
- Knowledge of the recovery model and concepts of resiliency
- Ethics
- Knowing specific and applicable laws and regulations
- Knowing the related resources, advocacies and community support systems

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13.d. Rehabilitative: Mental Health Services (Cont)

Provider qualifications (cont):

And the individual:

1. Is a self-identified person currently or formerly receiving mental health services; or
2. Is a self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or
3. Is a family member of an individual who is a current or former recipient of addictions or mental health services.

F. "Mental Health Intern" means a person who meets qualifications for QMHA but does not have the necessary graduate degree in psychology, social work or behavioral science field to meet the educational requirement of QMHP. The person must:

1. be currently enrolled in a graduate program, for at least a master's degree, for degrees for psychology, social work or in a Bachelor of Science field.
2. Has a collaborative educational agreement with the CMHP (provider) and the graduate program working within the scope of his/her practice and competencies identified by the policies and procedures for credentialing of clinical staff as established by provider.
3. Receives, at the minimum, weekly supervision, by a qualified clinical supervisor, employed by the provider of services.

LMPs, QMHPs, QMHAs, Peer Support Specialists and Mental Health Interns or other persons whose education and experience meet the standards and qualifications established by the Addictions and Mental Health Division of the Oregon Health Authority (OHA) through administrative rule may be authorized to deliver mental health treatment services as specified by the Division in support of mental health workforce shortages in certain areas of the state and engage alternative treatment delivery options such as telemedicine and remote video supported therapy.

Services are not provided to inmates of a public institution.

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13.d. Rehabilitative: Substance Use Disorder Services:

Substance Use Disorder (SUD) treatment services include; screening, assessment, individual counseling, group counseling, individual family and/or couple counseling, group family and/or couple counseling, care coordination, medication assisted treatment, medication management, collection and handling of specimens for substance analysis, interpretation services, acupuncture, detoxification and peer support.

The Oregon Health Authority (OHA) provides SUD treatment services through approved managed care organizations; Coordinated Care Organizations (CCOs), Fully Capitated Health Plans (FCHPs), and Physician Care Organization (PCO), Community Mental Health Programs (CMHPs) or through direct contracted providers. The CCOs, FCHPs and PCO may provide services directly, or through subcontract providers in a variety of settings.

OHA requires that CCOs, FCHPs, PCO, CMHPs and providers use the American Society of Addiction Medicine (ASAM) Patient Placement Criteria second edition-revised (PPC-2R) to determine the appropriate level of SUD treatment of care.

Rehabilitative services must be recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under state law and that the purpose of the services are for the “maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level”.

SUDs TREATMENT SERVICE COMPONENTS

Screening is a brief process that occurs soon after the individual seeks services. It indicates whether the individual is likely to have a substance use disorder and mental disorder. Individuals who screen positive for substance use disorders are given a full in-depth assessment, those who screen positive for a mental disorder receive or are referred on to receive a full in-depth assessment.

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13.d. Rehabilitative: Substance Use Disorder Services:

Screening (Cont): Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Assessment consists of gathering key information and engaging in a process with the individual that enables the healthcare professional to establish the presence or absence of a disorder, determine the individual's readiness for change, identify the individual's strengths or problem areas that may affect the processes of treatment and recovery. This process results in a diagnosis and completion of an integrated service and support plan (ISSP) with the individual's input in setting their treatment goals. The duration/frequency of the treatment services are determined utilizing ASAM PPC-2R, the ISSP and the individual's needs. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Individual counseling therapy/Individual family and/or couple counseling provides individual counseling therapy in a private setting as identified by their ISSP. The duration/frequency of the treatment services are determined utilizing ASAM PPC-2R, the ISSP and the individual's needs. . Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Group counseling/ Group family and/or couple counseling therapy services provided is designed to assist in the attainment of goals described in the ISSP. Goals of Individual, Group or Family level treatment may include enhancing interpersonal skills, mitigating the symptoms of SUDs, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for group therapy must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. Duration/frequency of this service is determined by the individual's needs and documented in their ISSP.

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13.d. Rehabilitative: Substance Use Disorder Services:

Group counseling/ Group family and/or couple counseling (Cont) Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their ISSP. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Care coordination is provided to an individual with complex needs in order to ensure timely and appropriate treatment and care. Activities include assessment and ongoing re-assessment, assists in treatment goal planning, integrated treatment planning, resource identification, referral and linkage to rehabilitative services and informal resources such as family and self- help support, and collaborative development of individualized services that promote continuity of care. These specialized activities are intended to promote treatment retention and to minimize the risk of relapse and to increase the community tenure for the individual. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of SUDs. MAT is clinically driven with a focus on individualized patient care identified in their ISSP. Providers authorized to provide these services include LMP, QMHP, CADC.

Medication management and monitoring is for the prescribing and/or administering and reviewing of medications and their side effects, including both pharmacological management as well as supports and training to the individual. This service shall be rendered by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or care coordination managers, but includes only minimal psychotherapy. Also includes medication monitoring, reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes.

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13.d. Rehabilitative: Substance Use Disorder Services:

Medication management and monitoring (Cont) Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. Time spent with the enrollee is the only direct service billable component of this modality. Duration/frequency of this service is determined by the individual's needs and documented in their ISSP. Collection and handling of specimens for substance analysis are included in this service. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Acupuncture is used in combination with counseling and behavioral therapies to reduce withdrawal symptoms, decreases SUDs cravings acupuncture is used as part of a comprehensive treatment plan, duration and frequency is determined by the ISSP. Providers authorized to provide these services include Acupuncturist, LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Detoxification refers not only to the reduction of the physiological and psychological features of withdrawal syndromes, but also the process of interrupting the momentum of compulsive use. This service component is for two ASAM treatment levels of detoxification services, clinically managed and medically monitored detoxification.

Clinically managed detoxification is an organized service that provides 24-hour structure, support, supervision, and observation for individuals who are intoxicated or experiencing withdrawal symptoms. Emphasis is on peer and social support, this level of care does not require medical professionals. Providers include peer support and other non-clinical staff.

Medically monitored detoxification is delivered by licensed medical and nursing professionals, who have specialized training in substance use disorders and which provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. This level of care is for individuals whose withdrawal signs and symptoms are sufficiently severe to require medical professionals but not an acute care general hospital. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

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13.d. Rehabilitative: Substance Use Disorder Services:

Peer Support services can be provided to individuals who are under the consultation, facilitation or supervision of a competent SUDs treatment professional who understands rehabilitation and recovery. Peer Support services promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills in order to facilitate the recovery of others with substance use disorders. Peer services include self-help support groups by sharing the peer counselor's own life experiences related to SUDs and will build support mechanisms that enhance the consumers' recovery and restores their ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.). Services provided by peer supports are described in the individualized ISSP which uses a person centered planning process to promote participant ownership of the plan of care and delineates specific goals.

LIMITATION ON SERVICES

Limitation and duration/frequency of services are dependent upon each individual's medical needs and outlined in their ISSP. Medically necessary rehabilitative services are provided without limitation in amount, duration and scope in accordance with clinical treatment guidelines, indications and usage.

PROVIDER QUALIFICATIONS

Providers outlined below are authorized to provide substance use disorder rehabilitative services:

- A. Licensed Medical Practitioners (LMPs) provide ongoing medical oversight as appropriate. A Licensed Medical Practitioner (LMP) means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:
 1. Holds at least one of the following educational degrees and valid licensure:
 - a. Physician licensed to practice in the State of Oregon;
 - b. Advanced Practice Nurses including Clinical Nurse Specialist; and Certified Nurse Practitioner licensed to practice in the State of Oregon; or

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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

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

Provider qualifications (cont):

- c. Physician's Assistant licensed to practice in the State of Oregon.
2. Whose training, experience and competence demonstrates the ability to conduct a comprehensive mental health assessment and provide medication management, including a practitioner of the healing arts, acting within the scope of his or her practice under State law, who is licensed by a recognized governing board in Oregon.

B. "CADC" means a Certified Alcohol and Drug Counselor:

1. CADC I; requires education, supervised experience hours and successful completion of a written examination. 150 hours of Substance Use Disorder education provided by an accredited or approved body. 1,000 hours of Supervised Experience, Completion of the NCAC I professional psychometric national certification examination from the National Association of Alcohol and Drug Abuse Counselors.
2. CADC II; a minimum of a BA/BS degree, with a minimum of 300 hours of Substance Use Disorder education provided by an accredited or approved body. 4,000 hours of Supervised Experience, Completion of the NCAC II professional psychometric national certification examination from the National Association of Alcohol and Drug Abuse Counselors. Completion of the NAADAC Case Presentation Examination.
- 3 CADC III; a Minimum of a Master's degree with a minimum of 300 hours of Substance Use Disorder education provided by an accredited or approved body. 6,000 hours of Supervised Experience, Completion of the NCAC II professional psychometric national certification examination from the National Association of Alcohol and Drug Abuse Counselors. Completion of the NAADAC Case Presentation Examination.
4. CADC must obtain a certificate of approval or license from the Division for the scope of services to be reimbursed.

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

Provider qualifications (cont):

C. "QMHP" must be licensed, or be employed by, or contract with, an organization that has obtained a certificate of approval from the Division for the scope of services to be reimbursed. QMHP is a Licensed Medical Practitioner or any other person meeting the following minimum qualifications as documented by the LMHA or designee:

1. Graduate degree in psychology;
2. Bachelor's degree in nursing and licensed by the State of Oregon;
3. Graduate degree in social work;
4. Graduate degree in a behavioral science field;
5. Graduate degree in a recreational, art, or music therapy; or
6. Bachelor's degree in occupational therapy and licensed by the state of Oregon;
7. Licensed by the Oregon state Board of Psychologist examiners, Licensed Social Workers, Licensed Professional Counselors and Therapists; and
8. Whose education and experience demonstrates the competencies to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multi axial DSM diagnosis; write and supervise a treatment plan; conduct a comprehensive mental health assessment; and provide individual, family, and/or group therapy within the scope of their training. Must also hold a Licensed or Certified in Alcohol and Drug Counseling

D. "QMHA" means a person delivering services under the direct supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. A bachelor's degree in a behavioral sciences field; or
2. A combination of at least three year's relevant work, education, training or experience; and
3. Has the competencies necessary to:
 - a. Communicate effectively;
 - b. Understand mental health assessment, treatment and service terminology and to apply the concepts; and
 - c. Provide psychosocial skills development and to implement interventions prescribed on a treatment plan within their scope of practice.

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

Provider qualifications (cont):

4. Must also hold a Certification of Alcohol and Drug Counseling.

E. "Peer-Support" Specialist" means a person delivering services under the supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. An Individual who has successfully completed training through a curriculum approved by AMH. This curriculum focuses on six (6) principles including:

- Being culturally appropriate
- Includes concepts of informed choice
- Creating partnerships
- Being person centered
- Utilize strengths-based care concepts
- Utilize trauma informed care concepts

Curriculum must contain the following specific elements, at a minimum:

- Communication skills and concepts
- Documentation skills and concepts
- Education specific to peer population and special needs of this population
- Knowledge of the recovery model and concepts of resiliency
- Ethics
- Knowing specific and applicable laws and regulations
- Knowing the related resources, advocacies and community support systems

And the individual:

1. Is a self-identified person currently or formerly receiving mental health services; or
2. Is a self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or

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13.d. Rehabilitative Substance Use Disorder Services (Cont)

Provider qualifications (cont):

E. "Peer-Support" Specialist (Cont)

3. Is a family member of an individual who is a current or former recipient of addictions or mental health services.

Peer Support Specialists require 20 hours of continuing education every three years.

F. "Acupuncturist" provides health care using acupuncture and other forms of traditional Oriental Medicine. Acupuncture treats neurological, organic or functional disorders by stimulation of specific points on the surface of the body by insertion of needles. Licensure requirements include:

1. Graduated from an accredited acupuncture program
2. Had a current certification in acupuncture by the appropriate national commission.
3. Licensed by the Oregon Medical Board
4. Have a minimum of five years of licensed practice elsewhere in the United States prior to obtaining Oregon licensure status.

G. "Mental Health Intern" means a person who meets qualifications for QMHA but does not have the necessary graduate degree in psychology, social work or behavioral science field to meet the educational requirement of QMHP. The person must:

1. be currently enrolled in a graduate program, for at least a master's degree, for degrees for psychology, social work or in a Bachelor of Science field.
2. Has a collaborative educational agreement with the CMHP (provider) and the graduate program working within the scope of his/her practice and competencies identified by the policies and procedures for credentialing of clinical staff as established by provider.
3. Receives, at the minimum, weekly supervision, by a qualified clinical supervisor, employed by the provider of services.

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13.d. Rehabilitative: Substance Use Disorder Services:

Provider qualifications (cont):

LMPs, QMHPs, QMHAs, CADC Peer Support Specialists, Acupuncturists and Mental Health Interns or other persons whose education and experience meet the standards and qualifications established by the Addictions and Mental Health Division of the Oregon Health Authority (OHA) through administrative rule may be authorized to deliver substance use disorder treatment services as specified by the Division in support of mental health workforce shortages in certain areas of the state and engage alternative treatment delivery options such as telemedicine and remote video supported therapy.

For treatment staff holding certification in addiction counseling, qualification for the certification must include at least: 750 hours of supervised experience in substance use counseling; 150 contact hours of education and training in substance use related subjects; and successful completion of a written objective examination or portfolio review by the certifying body. For treatment staff holding a health or allied health provider license, the license or registration must have been issued by one of the following state bodies and the person must possess documentation of at least 60 (120 for supervisors) contact hours of academic or continuing professional education in substance use disorder treatment; Board of Medical Examiners; Board of Psychologist Examiners; Board of Licensed Clinical Social Workers, Board of Licensed Professional Counselors and Therapists; or Board of Nursing.

All treatment staff must demonstrate competence in treatment of substance use disorders including individual assessment and individual, group, family and other counseling techniques, programs policies and procedures for service delivery and documentation, and identification, implementation and coordination of services identified to facilitate intended outcomes.

IMD ASSURANCE

Residential treatment services for SUDs are provided to Medicaid title XIX eligible individuals in facilities with 16 or fewer beds. Payment is excluded for individuals in “institutions of mental diseases” (IMDs) defined per 42 CFR 435.1010.

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