
Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: 15-01

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

3.13.15

Lynne Saxton, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301

RE: Oregon State Plan Amendment (SPA) Transmittal Number 15-001

Dear Ms. Saxton:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 15-001. This amendment is being submitted to include three new provider types for the newly covered Applied Behavior Analysis (ABA) treatment.

This SPA is approved effective January 1, 2015, as requested by the State.

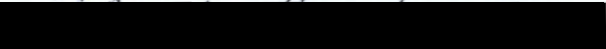
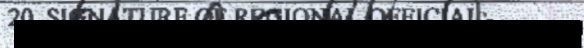
If you have any questions concerning this SPA or require further assistance, please contact me, or your staff may contact Bill Vehrs at (503) 399-5682.

Sincerely,

A black rectangular redaction box covering the signature of Frank A. Schneider.

Frank A. Schneider
Acting Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: Judy Mohr Peterson, Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	
1. TRANSMITTAL NUMBER: 15-01 14-11 P&I	2. STATE Oregon
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 1/1/15
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(6) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 27,193,656 b. FFY 2016 \$ 36,439,329
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 3-b, Attachment 4.19-B, page 1-a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 3-b, Attachment 4.19-B, page 1-a
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to add include three new provider types for the newly covered Applied Behavior Analysis (ABA) treatment.	
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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: 1-13-15	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 1/13/15	18. DATE APPROVED: 03/13/15
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Frank A. Schneider	22. TITLE: Acting Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS: 1/14/15: State authorizes P&I change to box 1.	

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

6. d. Other Practitioner Services

Licensed practitioners:

The following licensed practitioners are covered for services within their scope of practice as defined in Oregon Revised Statutes, and the applicable Boards or certifying agency's governing them. While some of the following practitioners must meet board certification requirements, all covered practitioners must meet state licensure requirements to be covered for services under this section:

1. Naturopathic physicians;
2. Licensed non-nurse Direct Entry Midwives;
3. Acupuncturists;
4. Denturists;
5. Dental hygienists with an Expanded Practice Dental Hygienist Permit (EPDHP);
6. Certified Registered Nurse Anesthetist (CRNA);
7. Certified Nurse Practitioners, includes all specialty designations;
8. Physician Assistants;
9. Ph.D Psychologists, PsyD Psychologists, Licensed Clinical Social Workers and Licensed Professional Counselors;
10. Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA).

Non-licensed practitioners:

1. Behavioral Analyst Interventionists

Must be supervised by a licensed Board Certified Behavior Analyst, a licensed Board Certified Assistant Behavior Analyst or a licensed health care professional.

2. Non traditional health workers (NTHW)

Must be supervised by existing licensed practitioners and perform services for them within the licensed practitioner's scope of practice. The state assures that any non-licensed service providers authorized by this section of Oregon's state plan will be supervised by a Licensed Health Care Professional. For purposes of this State Plan a Licensed Health Care Practitioner (LHCP) includes Physician's*, Certified Nurse Practitioner's, Physician Assistant's, Ph.D. Psychologists, PsyD Psychologists, LCSW Social Workers and Licensed Professional Counselors. (*covered in the state plan under physician services).

- a) Community Health Worker services are provided under the supervision of LHCP;
- b) Peer Wellness Specialist services are provided under the supervision of LHCP;
- c) Personal Health Navigators services are provided under the supervision of LHCP;
- d) Doula services are provided under the supervision of a Physician (M.D. and D.O.) or a Certified Nurse Practitioner.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

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.
6.d. . Board Certified Behavior Analyst	Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs. This rate is effective for dates of service on or after 1/1/15.
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.	<p>Payment for services is a state-wide fee schedule. Rates are based on the following percentages of the 2012 Medicare fee schedule:</p> <ul style="list-style-type: none"> • Ostomy supplies are at 93.3% • Rental rates on group 1 and 2 power wheelchairs with no added power options (K0820-K0829) are at 55% • Complex Rehab items, other than power wheelchairs, are at 88% • All other Medicare covered items/services are at 82.6% • Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). If MSRP is not available payment is acquisition cost plus 20%. <p>For new codes added by CMS, payment will be based on the most current Medicare fee schedule and will follow the same payment methodology as stated above. This rate is effective for dates of service on or after 2/1/14.</p>
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 84.5% of 2010 Medicare fee schedule. Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). For new codes added by CMS, payment will be based on the most current Medicare fee schedule and will follow the same payment methodology as stated above. This rate is effective for dates of service on or after 7/1/12.

TN No. 15-01
Supersedes TN No. 13-24

Approval Date: 03/13/15 Effective Date: 1/1/15