

---

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 17-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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, WA 98104



Division of Medicaid & Children's Health Operations

---

September 7, 2017

Patrick Allen, Acting Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number 17-0009

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 17-0009. This SPA removes the exclusion that currently exists for hippo-therapy.

This SPA is approved effective October 1, 2017. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Oregon State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Betsy Conklin at [Elizabeth.Conklin@cms.hhs.gov](mailto:Elizabeth.Conklin@cms.hhs.gov) or at (206) 615-2357.

Sincerely,



David L. Meacham  
Associate Regional Administrator

Enclosure

cc:  
David Simnitt, OHA  
Jesse Anderson, OHA

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**17-0009**

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  
**10/1/17**

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 440.110

7. FEDERAL BUDGET IMPACT:  
a. FFY 2018 \$ 0  
b. FFY 2019 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, page 1 (P&I)  
Attachment 3.1-A, page 4c, 4d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Attachment 4.19-B, page 1 (P&I)  
Attachment 3.1-A, page 4c, 4d

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to remove the exclusion that currently exists for hippo-therapy. OHA believes hippo-therapy, or equine movement, is a treatment tool that can be used by a therapist within their plan of care and should not be excluded.

11. 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: The Governor does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME David Simnitt

14. TITLE: Interim Medicaid Director, OHA

15. DATE SUBMITTED: 8/22/17

16. RETURN TO:

Oregon Health Authority  
Medical Assistance Programs  
500 Summer Street NE E-65  
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 8/22/17

18. DATE APPROVED: 9/7/17

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
10/1/17

20. SIG Digitally signed by David L. Meacham -S

21. TYPED NAME:  
David L. Meacham

22. TIT Date: 2017.09.15 15:28:07 -0700  
Associate Regional Administrator

23. REMARKS:  
9/5/17: State authorized P&I change to boxes 8 and 9

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

General:

The division pays the lesser of the usual and customary charge or a fee based on the methods outlined for the program according to Attachment 4.19-B. The provider’s usual and customary fee is the fee charged by the provider to the general public for the particular service rendered.

Where applicable, the maximum allowable fees are established using the CMS Resource Based Relative Value (RBRVS) Scale methodology as published in the Federal Register annually, times an Oregon specific conversion factor. Except as otherwise noted in the plan, the agency’s rates were set as of 1/1/13 and are effective for dates of services on or after that date. The reimbursement methods listed in this section of the plan are available on the agency’s website <http://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

State developed fee schedule rates are the same for both governmental and private providers.

Provider type/ Service type	Payment method
3. Laboratory and Radiology services	Clinical Laboratory and Pathology Procedures are paid at 70% of current Medicare fee updated annually as published by Medicare. Other lab and X-ray services are paid on a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.
5.a. Physician services, Physician Assistant 5.b. Medical and surgical services furnished by a dentist 6. a. Podiatrists’ services 6. c. Chiropractors’ services	Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor. Fees for drugs administered in the provider’s office is based on Medicare’s Average Sale Price (ASP). When no ASP rate is listed the rate shall be based upon <i>the Wholesale Acquisition Price (WAC) plus 6.25%. If no WAC is available, then the rate shall be reimbursed at Acquisition Cost.</i> 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. b. Optometrist services Ophthalmologist, optometrists.	Exam and dispensing: Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.
6. d. Other Practitioner Services; Naturopath, Acupuncturist, Certified Nurse Practitioner and Licensed Direct Entry Midwives	Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.

TN No. 17-0009

Approval Date: 9/7/17

Effective Date: 10/1/17

Supersedes TN No. 17-0002

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.)

11a. Physical Therapy

Coverage and provider qualifications are provided in accordance with 42 CFR 440.110(a). Physical therapy services require a plan of care for prior authorization of services. Initial evaluations and re-evaluations do not require PA, but are limited to: two initial evaluations in any 12-month period; and up to four re-evaluation services in any 12-month period. Coverage includes both rehabilitation and habilitation therapy, each with their own separate but equal visit limits. Additional visits or modalities can be authorized due to medical necessity. Children under age 21 shall have additional visits authorized beyond these limits when medically appropriate. Physical therapy services may be provided by a licensed physical therapist or a physical therapist assistant supervised by a licensed physical therapist and must be in attendance while therapy treatments are performed. Services that are not covered: back school and back education classes, maintenance therapy, work hardening, or services that are not medically appropriate.

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.)

11b. Occupational Therapy

Coverage and provider qualifications are in accordance with 42 CFR 440.110(b). Occupational therapy services require a plan of care for prior authorization of services. Initial evaluations and re-evaluations do not require PA, but are limited to two initial evaluations in any 12-month period; and up to four re-evaluation services in any 12-month period. Coverage includes both rehabilitation and habilitation therapy, each with their own separate but equal visit limits. Additional visits or modalities can be authorized due to medical necessity. Children under age 21 shall have additional visits authorized beyond these limits when medically appropriate. Occupational therapy services may be provided by a licensed occupational therapist, a licensed occupational therapy assistant supervised by a licensed occupational therapist, or an occupational therapy aide, in schools, trained and supervised by a licensed occupational therapist and must be in attendance while therapy treatments are performed. Services that are not covered: back school and back education classes, maintenance therapy, work hardening, work hardening, or services that are not medically appropriate.