
Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: 19-0007

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



Western Division - Regional Operations Group

November 22, 2019

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

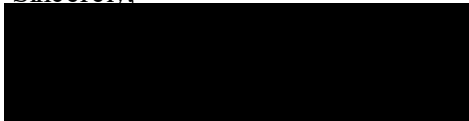
RE: Oregon State Plan Amendment (SPA) Transmittal Number 19-0007

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 19-0007. This SPA seeks to increase the fee-for-service rate for specific mental health and substance use HCPCS codes. This SPA is approved effective October 1, 2019, as requested by the state.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Bill Vehrs at (503) 399-5682 or bill.vehrs@cms.hhs.gov.

Sincerely,



David L. Meacham
Deputy Director

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

1. TRANSMITTAL NUMBER:
19-0007

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
10/1/19

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 ~~2019~~ 20 \$6,998,222
b. FFY ~~2020~~ 21 \$6,998,222

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 1-b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, page 1-b

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to increase the FFS rate for specific mental health and substance use HCPCS codes based upon the Governors Recommended Budget note.

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:



16. RETURN TO:

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

13. TYPED NAME Lori Coyner, MA

ATTN: Jesse Anderson, State Plan Manager

14. TITLE: State Medicaid Director, OHA

15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **11/7/19**

18. DATE APPROVED: **11/22/19**

PLAN APPROVED – ONE COPY ATTACHED

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

20. SIGNATURE



21. TYPED NAME: **David L. Meacham**

22. TITLE: **Deputy Director**

Digitally signed by David L. Meacham-S

858, cn=David L. Meacham-S
Date: 2019.11.22 11:25:20 -08'00'

23. REMARKS:

11/15/19-State authorized P&I change to block #7.

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

13.d. Rehabilitative Mental Health Services

Payment methods for Rehabilitative Mental Health Services are a state-wide fee schedule effective for services provided on or after 10/1/19. The fee schedule is posted on the agency web at: <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>. 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 provider types, as outlined in section 13.d, pages 6-d.6 to 6-d.9, can bill, depending on the services provided, in 15-minute units, daily or monthly frequency, accordingly to the CPT/HCPCS billing code utilized.

Interpretive services are billed by the mental health providers and reimbursed an add-on payment as part of the delivery of a Medicaid service. Providers authorized must be qualified interpreters and not immediate family members. Interpretive services (T1013) are included in the fee scheduled referenced above.

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

Payment methods for Rehabilitative SUD Services are a state-wide fee schedule effective for services provided on or after 10/1/19. The fee schedule is posted on the agency web at: <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>. 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.

Interpretive services are provided as an optional medical service under the rehabilitative SUD Services. Interpretive services are billed by the SUD Services providers and reimbursed an add-on payment as part of the delivery of a Medicaid service. Providers authorized must be qualified interpreters and not immediate family members. Interpretive services (T1013) are included in the fee scheduled referenced above.