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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 21-0011

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

July 22, 2021

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-21-0011

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-21-0011. This SPA enables the state to change from using a prior Authorization method to using a Pre-Payment Review process for the Physical Therapy, Occupational Therapy and Speech Therapy programs.

The effective date of this SPA is April 1, 2021. 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 you may contact Nikki Lemmon at nicole.lemmon@cms.hhs.gov or at 303-844-2641.

Sincerely,

[redacted] by Sophia A.
09:01:59

Sophia A. Hinojosa, Acting Director
Division of Program Operations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **21-0011**

2. STATE: Oregon

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
4/1/21

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 2021 $ 0
b. FFY 2022 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, page 4-c, 4-d, and 4-e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, page 4-c, 4-d, and 4-e

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to change from using a prior Authorization method to using a Pre-Payment Review process.

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:

13. TYPED NAME Lori Coyner, MA

14. TITLE: State Medicaid Director, OHA

15. DATE SUBMITTED: 5/18/21

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: 5/18/21

18. DATE APPROVED: July 22, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/21

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Sophia A. Hinojosa

22. TITLE: Acting Director, Division of Program Operations

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

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 prior authorization but are limited to: two initial evaluations in any 12-month period; and up to four re-evaluation services in any 12-month period. Additional evaluations may be provided with prior authorization. After evaluation, providers must submit a plan of care and documentation to the state. Based on the plan of care up to 30 visits per calendar year may be provided. Additional visits or modalities will be authorized based on medical necessity. Based on this Pre-payment Review (PPR), OHA will deny or approve payment of claims billed for the current plan of care episode. Prior Authorization is required beyond the initial limits of 30 rehabilitative visits and 30 habilitative visits in a calendar year. Coverage includes both rehabilitation and habilitation therapy, each with their own 30 visits per calendar year 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 Pre-payment Review (PPR) of services. Initial evaluations and re-evaluations do not require prior authorization but are limited to two initial evaluations in any 12-month period: and up to four re-evaluation services in any 12-month period. Additional evaluations may be provided with prior authorization. After evaluation, providers must submit a plan of care and documentation to the state. Based on the plan of care up to 30 visits per calendar year may be provided. Additional visits or modalities will be authorized based on medical necessity. Based on this Pre-payment Review (PPR), OHA will deny or approve payment of claims billed for the current plan of care episode. Prior Authorization is required beyond the initial limits of 30 rehabilitative visits and 30 habilitative visits in a calendar year. Coverage includes both rehabilitation and habilitation therapy, each with their own 30 visits per calendar year 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.

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.)

11c. Services for Individuals with Speech, Hearing and Language Disorders

Coverage and provider qualifications are in accordance with 42 CFR 440.110 (c). Speech pathology or audiology services are provided according to a treatment plan of care. Initial evaluations and re-evaluations do not require prior authorization but are limited to: two initial evaluations in any 12-month period; and up to four re-evaluation services in any 12-month period. Additional evaluations may be provided with prior authorization. After evaluation, providers must submit a plan of care and documentation to the state. Based on the plan of care up to 30 visits per calendar year may be provided. Additional visits or modalities will be authorized based on medical necessity. Based on this Pre-payment Review (PPR), OHA will deny or approve payment of claims billed for the current plan of care episode. Prior Authorization is required beyond the initial limits of 30 rehabilitative visits and 30 habilitative visits in a calendar year. Coverage includes both rehabilitation and habilitation therapy, each with their own 30 visits per calendar year limits. Additional modalities can be authorized due to medical necessity. Children under age 21 shall have additional visits authorized beyond these limits when medically appropriate. Speech-language pathology may be performed by an individual licensed by the relevant state licensing authority to practice speech-language pathology. Audiology and hearing aid services may be performed by an individual licensed by the relevant state licensing authority to practice audiology and dealing in hearing aids. Services that are not covered: FM systems -- vibro-tactile aids; Earplugs; Tinnitus masker(s) or services that are not medically appropriate.