

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 22-0015**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 7, 2022

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-22-0015


Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-22-0015. This amendment was submitted to allow for home-based Behavior Rehabilitation Services to be paid based on a state-wide fee schedule per service; update minimum requirement for staff to address staffing shortages; and update terminology to avoid confusion between mental health and substance use disorder rehabilitation services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.130. This letter is to inform you that OR-22-0015 was approved on November 4, 2022, with an effective date of July 1, 2022.

If there are any questions concerning this approval, please contact me or you may contact Nikki Lemmon at [nicole.lemmon@cms.hhs.gov](mailto:nicole.lemmon@cms.hhs.gov) or at 303-844-2641.

Sincerely,

 Digitally signed by James  
G. Scott -S  
Date: 2022.11.07  
10:19:15 -06'00'

James G. Scott, Director  
Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 5

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/1/22

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 1,036,397  
b. FFY 2023 \$ 4,145,587

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page ~~6-f, 6-f.1, 6-f.2, 6-f.3~~ 6.d.21-23  
Attachment 4.19-B, Page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Page 6-f, 6-f.1, 6-f.2  
Attachment 4.19-B, Page 2

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to revise portions of the current BRS state plan.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Dana Hittle

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

8/11/22

15. RETURN TO

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

ATTN: Jesse Anderson, State Plan Manager

**FOR CMS USE ONLY**

16. DATE RECEIVED

8/11/22

17. DATE APPROVED

November 4, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

7/01/2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

Digitally signed by James G. Scott -S  
Date: 2022.11.07 10:20:35 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

10/27/22: State authorized P&I changes in box 5 and 7 where indicated in red.

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

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13.d. Rehabilitative: Behavior Rehabilitation Services

Behavior Rehabilitation Services are provided to children/youth under age 21 to remediate debilitating psycho-social, emotional and behavioral disorders. To provide early intervention, stabilization, and development of individualized pro-social and productive coping skills upon the recommendation of a licensed practitioner of the healing arts within the scope of their practice within the law. Prior approval is required.

Service Description:

Behavior Rehabilitation Services may be provided in a variety of settings and consist of interventions to help children/youth acquire essential coping skills. Specific services may include the following: milieu activities, crisis intervention, regular scheduled face-face individual and group behavior remediation sessions, and skills training. The purpose of this service is to remediate specific behavioral symptoms or maladaptive behaviors which have been explicitly identified in an individualized written service plan that is regularly reviewed and updated. Client centered services may be provided individually or in groups and may include the child's/youth's biological, adoptive, or foster family. Services are provided for the direct benefit of the child/youth.

The services will include crisis intervention on a 24-hour basis to stabilize the child's/youth's behavior until resolution of the problem is reached, or until the child/youth can be assessed and treated by a Qualified Mental Health Professional or Licensed Medical Practitioner. Program Coordinators and Social Service Staff can provide this service.

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: Behavior Rehabilitation Services (Cont)

Regular scheduled behavioral interventions are provided to remediate specific behavioral symptoms or maladaptive behaviors which have been explicitly identified in the service plan. Social Service Staff or Direct Care Staff under the supervision of a Social Staff person can provide this service. Counseling or treatment for behavioral health conditions should be provided by Qualified Mental Health Professionals or Licensed Medical Practitioners.

Skill training is provided to assist the child/youth in the development of individualized pro-social and productive responses to social and emotional behaviors, peer and family relationships, self-care, conflict resolution, aggression reduction, anger control, and to reduce or eliminate impulse and conduct disorders as identified in the service plan. Social Service Staff can provide this service

Milieu activities refer to those activities performed with children/youth to normalize their psycho-social development and promote the safety of the child/youth and stabilize their environment. The child/youth is monitored in structured activities which may be developmental, recreational, academic, rehabilitative, or a variety of productive work activities. As the child/youth is monitored, planned interventions are provided to remediate the identified behavioral symptoms or maladaptive behaviors and promote their replacement with more individualized pro-social and productive responses. Program Coordinators or Social Service can provide this service directly. Direct Care staff can provide this service under the supervision of a Program Coordinator or Social Service Staff.

Behavior Rehabilitation Services do not duplicate services available through any other Medicaid state plan authority or waiver.

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

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13.d. Rehabilitative: Behavior Rehabilitation Services (Cont)

Provider Qualifications :

Program Coordinator means a person who meets the following minimum qualifications

A Bachelor's Degree, preferably with major study in Psychology, Sociology, Social Work, Social Sciences, or a closely allied field, and two years' experience in the supervision and management of a program providing care and services to children, youth, or adults.

Social Service Staff means a person who meets the following minimum qualifications:

Master's Degree with major study in Social Work, Psychology, Sociology, Social Sciences, or a closely allied field and one year of experience working for a program providing care and services to children, youth, or adults. Or a bachelor's degree with major study in Social Work, psychology, Sociology, or a closely allied field and two years' experience working for a program providing care and services to children, youth, or adults.

Direct Care Staff means a person who meets the following minimum qualifications  
Require that no less than 50% of the Child Care Staff in a facility have a bachelor's degree.  
Combination of formal education and experience working with children/youth may be substituted for a bachelor's degree. Direct Care Staff are members of the service team and work under the direction of a qualified Social Service staff or a Program Coordinator.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Reimbursement Methodology for Rehabilitation Services Provided in Psychiatric Day Treatment Centers

Payment will be made to private, non-profit treatment agencies using individually negotiated daily or hourly rates for each facility, negotiated by the appropriate office.

Nurse Midwives

Payment for services by nurse midwives and other licensed nurse practitioners will be at the same level as for physicians and independent clinical labs.

Rehabilitative: Behavior Rehabilitation Services

Payment for Behavior Rehabilitation Services in a residential or proctor foster setting is on a fee-for-service basis, with one day being the unit of service. Rates are set using a prospective staffing-based rate model that uses data gathered by the State Department of Employment reporting the prevailing wages in the State of Oregon. Specific position classifications were selected to reflect the comparable staffing requirements needed to provide quality rehabilitation services to the identified population. A factor is used to compensate for employee benefits and facility operating costs and supplies. Room and board are not included in the Behavior Rehabilitation Service rate paid to the provider. These rates are periodically adjusted based on appropriate cost-of-living adjustments and other market indicators and program standards.

Payment for Behavior Rehabilitation Services are a state-wide fee schedule effective for services provided on or after 7/1/22. The fee schedule is posted on the agency web at:

<https://www.oregon.gov/oha/hsd/ohp/pages/policy-brs.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.