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State/Territory Name: OR

State Plan Amendment (SPA) #: 22-0017

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 Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

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

RE: TN 22-0017

Dear Mr. Allen:

We have reviewed the proposed Oregon state plan amendment (SPA) to attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 15, 2022. This SPA increased the fee-for-service reimbursement behavioral health rates by an aggregate average of 30 percent and also removed interpreter services from this page as interpreter services are approved for all programs under TN 22-0009.

Based upon the information provided by the state, we have approved this amendment with an effective date of July 1,2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or <u>James.Moreth@cms.hhs.gov.</u>

Todd McMillion Director
Division of Reimbursement Review

Enclosures cc:

	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 2 <u>0 0 1 7</u> OR
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT
TO OFFICE BURGATOR	XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE
DEPARTMENT OF HEALTH AND HUMAN SERVICES	7/1/22
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 440.60 & 440.130	a FFY 2022 \$ 30,240,000 b. FFY 2023 \$ 81,760,000
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
7.1 AGE NOWBERGE THE FEAR SECTION OR ATTACHMENT	OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 1-b	Attachment 4.19-B, Page 1-b
O OUR IFOT OF AMENDMENT	
9. SUBJECT OF AMENDMENT This transmitted is being submitted to increase for for convice being	vioral bootto rates. It also removes interpreter convisce from
This transmittal is being submitted to increase fee-for-service behathis page as interpreter services are approved for all programs und	
hand an interpretation of the control of the	
10. GOVERNOR'S REVIEW (Check One)	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
11. SIGNATURE OF STATE AGENCY OFFICIAL 1	5. RETURN TO
	Oregon Health Authority
12. TYPED NAME	Medical Assistance Programs
Dana Hittle	500 Summer Street NE E-65 Salem, OR 97301
13. TITLE	Calcili, Oli 07001
Interim Medicaid Director	ATTN: Jesse Anderson, State Plan Manager
14. DATE SUBMITTED 8/15/22	
FOR CMS USE ONLY	
	7. DATE APPROVED
	lovember 9, 2022
PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL	
10. ETTEOTIVE BATTE OF ALTHOUGH WATERIAL	3. SIGNATIONE OF ALL PROVINCE OF PROVINCE
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL
	Director, DRR
22. REMARKS	

Transmittal # 22-0017 Attachment 4.19-B Page 1-b

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 7/1/22. 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.

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 7/1/22. 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.

TN No. <u>22-0017</u> Approval Date: Effective Date: 7/1/22

Supersedes TN No. 21-0012