

## **Table of Contents**

**State/Territory Name:OR**

**State Plan Amendment (SPA) #: 24-0008**

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  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

June 21, 2024

Dr. Sejal Hathi, Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, Oregon 97301-1079

RE:TN 24-0008

Dear Dr. Hathi:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oregon state plan amendment (SPA) to Attachment 4.19-B OR-24-0008, which was submitted to CMS on March 29, 2024 and approved on June 21, 2024. This plan amendment added the new procedure code for opioid overdose reversal drugs to the state-wide fee schedule.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 4, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or via email at [James.Moreth@CMS.HHS.GOV](mailto:James.Moreth@CMS.HHS.GOV).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 8</u>	2. STATE <u>OR</u>
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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  
~~1/1/24~~ 1/4/24

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.60 & 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 454,355  
b. FFY 2025 \$ 584,873


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 4.19-B, page 1b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment 4.19-B, page 1b

9. SUBJECT OF AMENDMENT  
This transmittal is being submitted to include a rate for new procedure code for opioid overdose reversals drugs.

10. GOVERNOR'S REVIEW (Check One)

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  


12. TYPED NAME  
Nikki Olson

13. TITLE  
Acting Interim Deputy Medicaid Director

14. DATE SUBMITTED  
3/29/24

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  
3/29/24

17. DATE APPROVED  
June 21, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
1/4/24

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, DRR

22. REMARKS  
6/11/24 - P&I change to box 4 to correct effective date to 1/4/24.

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

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13.d. Rehabilitative Mental Health Services

Payment methods for Rehabilitative Mental Health Services are a state-wide fee schedule. The agency's fee schedule rate was set as of 1/4/24 and is effective for services provided on or after that date. The statewide fee schedule rate will receive a 3.4% inflationary adjustment effective July 1, 2024. 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 fee schedule is posted on the agency web at:  
<https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.

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

Payment methods for Rehabilitative SUD Services are a state-wide fee schedule. The agency's fee schedule rate was set as of 1/4/24 and is effective for services provided on or after that date. The statewide fee schedule rate will receive a 3.4% inflationary adjustment effective July 1, 2024. 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. The fee schedule is posted on the agency web at:  
<https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.