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State/Territory Name: Oregon

State Plan Amendment (SPA) #: OR-20-0132

This file contains the following documents in the order listed:

1) Approval Letter
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850

Children and Adults Health Programs Group

March 16, 2021

Lori Coyner
Medicaid Director
Oregon Health Authority
500 Summer Street Northeast, E-49
Salem, OR 97301-1079

Dear Ms. Coyner:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number OR-20-0132, has been approved. Through this SPA, Oregon has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. This SPA has an effective date of October 24, 2019.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. Additionally, Section 2103(c)(5)(B) of the Act requires that these behavioral health services be delivered in a culturally and linguistically appropriate manner. Oregon demonstrated compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

Your Project Officer is Ms. Janice Adams. She is available to answer your questions concerning this amendment and other CHIP-related matters. Ms. Adams' contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: RX-200
701 Fifth Avenue, Suite 1600
Seattle, WA 98104
Telephone: (206) 615-241
E-mail: Janice.Adams@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Division Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed Amy
Lutzky/

Amy Lutzky
Deputy Director

CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Oregon

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR 457.40(b))
Designee-Medicaid Director
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Patrick Allen **Position/Title: Director, OHA**
Name: Lori Coyner **Position/Title: Director, Medicaid/CHIP**
Name: **Position/Title:**

***Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is** 0938-1148 (CMS-10398 #34)**. The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.**

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

State Plan Amendment OR-20-0132 CHIP Behavioral Health Coverage :
Required preprint for BH benefit added as a mandatory benefit under the SUPPORT Act. Oregon had already included BH benefits since 1998.
Submitted: 6/18/20
Effective: 10/24/19
Approved:

1.4- TC **Tribal Consultation (Section 2107(e)(1)(C))** Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Oregon tribal entities were consulted in the submission of this SPA utilizing the Dear Tribal Leader Letter (DTLL) process as approved in TN 10-21. The DTLL was distributed to the Tribes on May 4, 2020. There was no request for additional face-to-face discussion related to this SPA. The DTLL and the distribution list were included with the submission.

TN No: 10-21 Approval Date 3/21/11 Effective Date 10/1/10

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

☐ State-developed schedule

☒ American Academy of Pediatrics/ Bright Futures
☐ Other Nationally recognized periodicity schedule (please specify:)
☐ Other (please describe:)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH ☒ Behavioral health screenings and assessments. (Section 2103(c)(6)(A))
See section 6.4 for a list of additional screening tools.

6.3.1.1- BH ☒ The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH ☒ The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

The majority of the Oregon Health Plan population are enrolled in a Managed Care Entity called Coordinated Care Organizations (CCO). CCOs. require the use of age-appropriate screenings for behavioral health in primary care clinics. OHA publishes various newsletters that providers, members and general public can subscribe to. Provider Matters is a newsletter for OHP providers which includes updates about fee-for service claim processing, policy and resources. This includes information on current assessment, screening, and authorizations processes and instructions. The newsletters are archived and available on the OHA – OHP Provider Matters

webpage.

OHA maintains several webpages with resources for providers. There is a specific page dedicated to Tools for BH Providers and has links to toolkits, trainings and updated information The Healthcare Partner Resource page has specific section for BH providers including tools and guidance on responding to new BH regulations and updates.

OHA also utilizes stakeholder groups, provider services call center and MMIS banner messages to disseminate information and technical support to providers.

For CCO contracts information about screening and assessment policies and practices are disseminated the same way. OHA distributes communications through their CCO Operations team and monthly Director's meetings. The topics are chosen by OHA to bring attention to provider information that also goes out in written form to the CCOs. CCOs and providers enrolled with CCOs are encouraged to access the same platforms discussed above for FFS providers. The CCO contract also requires them to develop and implement infrastructure and support for sharing information, coordinating care and monitoring results with providers.

6.3.2- BH ☒ Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH ☒ Psychosocial treatment
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Includes structured counseling, motivational enhancement, case management, care-coordination, psychotherapy and relapse prevention. Psychosocial treatment is managed by a Retroactive Review process.

6.3.2.2- BH ☒ Tobacco cessation
Provided for: ☒ Substance Use Disorder

Intensive tobacco cessation treatment includes; Multiple treatment encounters; Behavioral and all FDA approved tobacco cessation therapy products (e.g., nicotine patches, oral medications intended for tobacco cessation treatment and gum); Individual or group counseling, six minutes or greater. There are no limitations for tobacco cessation counseling. Individuals are allowed up to 4 quit attempts per 12 month period and as many as 10 FTF counseling sessions per quite attempt in a 3 month period with unlimited calls to the quit line. Oregon

follows the recommendations of the most current U.S. Public Health Service (USPHS) clinical guidelines.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH ☒ Medication Assisted Treatment
Provided for: ☒ Substance Use Disorder

6.3.2.3.1- BH ☒ Opioid Use Disorder

FDA approved medications used in opioid addiction treatment are *agonists*, *partial agonists,* and *antagonists (*methadone, naltrexone, and buprenorphine). These drugs are used in conjunction with counseling and behavioral therapies to provide a whole-patient approach to the treatment. MAT is clinically driven with a focus on individualized patient care identified in their integrated service and support plan (ISSP). There are no hard limitations, quantity and treatment duration is based on medical necessity and determined by the individual's needs and documented in their assessments and treatment plans, including counseling and behavioral therapies provided.

MAT drugs and biologicals:
All FDA approved medications are available. Supply limits, early refill thresholds and therapeutic duplication are enforced by Prior authorization (PA) and Quantity limits.

- Prior authorization is required for high-dose products to prevent inappropriate and off-label use.

If presented with a prescription of an opioid, a licensed pharmacist may provide counseling and prescribe naloxone with the necessary medical supplies to administer.

6.3.2.3.2- BH ☒ Alcohol Use Disorder

Oregon includes coverage for all substance use disorders, including alcohol. Coverage include; screening, assessment, individual counseling, group counseling, individual family and/or couple counseling, group family and/or couple counseling, care coordination, medication assisted treatment, medication management, collection and handling of specimens for substance analysis, interpretation services, acupuncture, detoxification

and peer support. Services are individualized patient care identified in their ISSP.

6.3.2.3.3- BH ☐ Other

6.3.2.4- BH ☒ Peer Support
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Peer Support services can be provided to individuals who are under the consultation, facilitation or supervision of a competent SUDs treatment professional who understands rehabilitation and recovery. Peer Support services promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills in order to facilitate the recovery of others with substance use disorders. Peer services include self-help support groups by sharing the peer counselor's own life experiences related to SUDs and will build support mechanisms that enhance the consumers' recovery and restores their ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.). Services provided by peer supports are described in the individualized ISSP which uses a person centered planning process to promote participant ownership of the plan of care and delineates specific goals. Peer services require prior authorization.

6.3.2.5- BH ☐ Caregiver Support
Provided for: ☐ Mental Health ☐ Substance Use Disorder

6.3.2.6- BH ☐ Respite Care
Provided for: ☐ Mental Health ☐ Substance Use Disorder

6.3.2.7- BH ☒ Intensive in-home services
Provided for: ☒ Mental Health ☐ Substance Use Disorder

Specialized combination of services provided to individuals under the age of 21 in the community or at the individual's home to provide for stabilization and long term treatment. These services may include a combination of individual and family therapy, skills training, medication management, peer support, case management, and in-person crisis response as indicated in the Person-Centered Service Plan. Services are intended to provide intensive interventions in the community and provide additional community based options to residential treatment. Prior Authorization is required for these services.

6.3.2.8- BH ☒ Intensive outpatient

Provided for: ☒ Mental Health ☒ Substance Use Disorder

Oregon covers alcohol and/or drug services under intensive outpatient treatment programs based on an individualized ISSP treatment plan. Coverage as with all OHP Mental and SUD rehabilitation may include; screening, assessment, individual counseling, group counseling, individual family and/or couple counseling, group family and/or couple counseling, care coordination, medication assisted treatment, medication management, collection and handling of specimens for substance analysis, interpretation services, acupuncture, detoxification and peer support as identified in an individual ISSP.

6.3.2.9- BH ☒ Psychosocial rehabilitation
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Coverage as with all OHP Mental rehabilitation may include; screening, assessment, individual counseling, group counseling, individual family and/or couple counseling, group family and/or couple counseling, care coordination, medication assisted treatment, medication management, collection and handling of specimens for substance analysis, interpretation services, acupuncture, detoxification and peer support as identified in an individual ISSP. Services shall be subject to periodic utilization review to determine medical appropriateness.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH ☒ Day Treatment
Provided for: ☒ Mental Health ☒ Substance Use Disorder
Psychiatric Day Treatment Services (PDTS) is provided to children who remain at home with a parent, guardian, or foster parent by qualified mental health professionals and qualified mental health associates in consultation with a psychiatrist. An education program is provided, and children are screened for an Individual Education Plan, Personal Education Plan, or Individual Family Service Plan. PDTS programs are staffed at a clinical staffing ratio of at least one QMHP or QMHA for three children.

6.3.3.1- BH ☒ Partial Hospitalization
Provided for: ☒ Mental Health ☐ Substance Use Disorder

Partial hospitalization and intensive outpatient levels of care provide patients a structured day treatment setting where they can work on their treatment goals. Services may include psychotherapeutic groups, focusing on coping skills involving supports and crisis planning, and safety and stabilization. Eligible

providers are certified by OHA and standards required by Oregon Administrative Rules Chapter 309 Division 039 and 019.

For individuals with substance use disorders who need a greater number of therapeutic contacts per week than are provided by traditional outpatient services. Intensive outpatient services may include partial hospitalization if necessary.

Partial hospitalization services could include, daily group therapy for mental health conditions, individual counseling with a primary therapist, family therapy, as appropriate to the individual needs of the client, Psychotropic medication management or monitoring and skills training, vocational training, socialization or structured recreational/physical fitness activities.

6.3.4- BH ☒ Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for: ☒ Mental Health ☒ Substance Use Disorder

Residential treatment on a per diem basis for behavior health issues in a hospital residential treatment program is designed to provide a 24-hour group living situation in which the patient receives treatment under the care of a physician. This does not include daily room and board. Prior Authorization is required for this service.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH ☒ Residential Treatment

Provided for: ☒ Mental Health ☒ Substance Use Disorder

Short-term residential treatment is typically less than 30 days. This applies to a residential treatment program for behavior health issues, which could include A&D treatment, that is not part of a hospital but provides a 24-hour group living situation in which the patient receives treatment and does not include daily room and board.

Long-term residential treatment is typically more than 30 days. This applies to a residential treatment program for behavioral health issues, which could include A&D treatment, that are neither medical nor acute in nature. This service is per diem, not including daily room and board. Long-term residential treatment requires prior authorization where the Division authorizes admission and continued stay in residential programs based on the medical appropriateness of the request and supporting clinical documentation.

6.3.4.2- BH ☒ Detoxification
Provided for: ☒ Substance Use Disorder

Clinically managed detoxification is an organized service that provides 24-hour structure, support, supervision, and observation for individuals who are intoxicated or experiencing withdrawal symptoms. Emphasis is on peer and social support, this level of care does not require medical professionals. Providers include peer support and other non-clinical staff.

Medically monitored detoxification is delivered by licensed medical and nursing professionals, who have specialized training in substance use disorders and which provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. This level of care is for individuals whose withdrawal signs and symptoms are sufficiently severe to require medical professionals but not an acute care general hospital. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section. Services are subject to periodic utilization review to determine medical appropriateness.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility-based services in order to avoid inpatient hospitalization.

6.3.5- BH ☒ Emergency services
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Acute care emergency department services provided in a hospital are a covered service without limitations or review Emergency service admissions into residential treatment are also covered and are made by the team responsible for a plan of care as described in CFR 441.156 within 14 days from the date of admission.

6.3.5.1- BH ☒ Crisis Intervention and Stabilization
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Evaluation and treatment of mental health crisis to individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation. Stabilization services include short-term face-to-face assistance with life skills training,

and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional. Stabilization services may be provided prior to an intake evaluation for mental health services. Providers authorized to provide these services include LMP, QMHP and mental health interns under appropriate supervision. These services are managed under retrospective review.

6.3.6- BH ☒ Continuing care services
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Continuing care services of appropriate duration and are designed to maximize recovery opportunities. The services can include: Reintegration services and coordination with family and schools; Youth dominated self-help groups where available; Referral to emancipation services when appropriate; Referral to physical or sexual abuse counseling and support services when appropriate; and Referral for peer delivered services

6.3.7- BH ☒ Care Coordination
Provided for: ☒ Mental Health ☒ Substance Use Disorder

In Oregon "Care Coordination" means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.
Activities include assessment and ongoing re-assessment, assists in treatment goal planning, integrated treatment planning, resource identification, referral and linkage to rehabilitative services and informal resources such as family and self- help support, and collaborative development of individualized services that promote continuity of care. These specialized activities are intended to promote treatment retention and to minimize the risk of relapse or unplanned re-admission and to increase the community tenure for the individual. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

6.3.7.1- BH ☒ Intensive wraparound
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Wraparound program is available to youth served in two or more child-serving systems and experiencing complex needs, obtain a mental health assessment within 60 days of Wraparound referral. For those enrolled in managed care requires prior approval by a Wraparound Review Committee convened by the CCO or by an authorized Tribal entity. SUD services are included as a potential complex need and the provider is expected to help coordinate SUD services if that is an identified need.

6.3.7.2- BH ☐ Care transition services
Provided for: ☐ Mental Health ☐ Substance Use Disorder

6.3.8- BH ☒ Case Management
Provided for: ☒ Mental Health ☒ Substance Use Disorder

In Oregon BH Case Management means the services provided to assist individuals who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, entitlement, and other applicable services. It includes both mental health and SUDs case management.
BH Case Management included in general case management in an effort to improve care and to contain costs by having one party manage or coordinate all care delivered to a patient that usually has certain complex illnesses or injuries, including mental and behavioral health issues. Case management may include, but is not limited to, the evaluation of a condition, the development and implementation of a plan of care, the coordination of medical resources, and the appropriate communication to all parties. Targeted case management is targeted to a specific population subgroup.

SUD Case management for patients needing services relating to alcohol or drug abuse provides assistance and care coordination based on the needs of the individual. The case manager assesses the needs of the patient, assists in developing plans to benefit the patient, as well as implementation of the plans, and reviews and evaluates the patient's status. Oregon will manage utilization consistent with analysis of Oregon and other states policies using a retrospective review process.

6.3.9- BH ☒ Other
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Personal Care Services: include a range of assistance, as developmentally appropriate, provided to persons with disabilities and chronic conditions which enables them to accomplish tasks, which they would normally do for themselves if they did not have a disability or chronic condition. Assistance may be in the form of hands-on assistance (actually performing a personal care task for a person) or cueing (redirecting) so that the

person performs the task by him or herself.

Personal care assistance relates to performance of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs include; eating, bathing, dressing, toileting, transferring, and maintaining continence. IADLs capture more complex life activities and include; personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management. Personal care services can be provided on a continuing basis or on episodic occasions.

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

☒ ASAM Criteria (American Society Addiction Medicine)
☐ Mental Health ☒ Substance Use Disorders

☒ InterQual
☒ Mental Health ☐ Substance Use Disorders

☐ MCG Care Guidelines
☐ Mental Health ☐ Substance Use Disorders

☒ CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
☒ Mental Health ☐ Substance Use Disorders

☒ CASII (Child and Adolescent Service Intensity Instrument)
☒ Mental Health ☐ Substance Use Disorders

☒ CANS (Child and Adolescent Needs and Strengths)
☒ Mental Health ☒ Substance Use Disorders

☒ State-specific criteria (e.g. state law or policies) (please describe)
☒ Mental Health ☐ Substance Use Disorders

Level of Service Inventory

☐ Plan-specific criteria (please describe)
☐ Mental Health ☐ Substance Use Disorders

☐ Other (please describe)

☐ Mental Health ☐ Substance Use Disorders

☐ No specific criteria or tools are required
☐ Mental Health ☐ Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH ☒ Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.
Strategy addressed above in 6.3.1.2. Oregon has a long history of coverage for behavioral and SUD. The services were part of the original 1995 1115 demonstration waiver for the Oregon Health Plan. Oregon continues working with provider organizations including our CCOs in current and new best practices as it relates to assessment tools. OHP coverage is the same for all populations whether CHIP or Medicaid.

Mental Health Evaluation and Treatment Services Assessments and treatment services, to prevent disease, disability, other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. Including any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under state law, for maximum reduction of physical or mental disability and restoration of a recipient to his or her best possible functional level. Providers are currently reimbursed for assessments; reimbursement is sufficient to allow for provider training and tool purchase.

For MH rehabilitation services coordinated assessments and screenings include the intake process of the individual, a mental health assessment resulting in a diagnosis and completion of an integrated service and support plan (ISSP) with the individual's input in setting their treatment goals.

Providers are required to use the American Society of Addictions Medicine (ASAM) to assess placement needs associated with Substance Use Disorders (SUDs). CCOs are required to ensure employees or providers who are conducting assessments have the training and background necessary to evaluate the medical necessity for SUD services.

Providers are required to use the CANS to assess children services. CANS is a multipurpose tool that includes screening and assessment developed to support decision making, including level of care and service planning, to facilitate Quality Improvement initiatives, and to allow for the Monitoring of outcomes of services and supports. CCO contractors are required ensure those conducting the CANS has specific training. Only

providers who have been certified by the Praed Foundation for administering the CANS Oregon (as found at https://www.schoox.com/login.php) shall administer CANS Oregon to Members.

Oregon has developed different strategies to communicate this information with providers. OHA publishes various newsletters that providers, members and general public can subscribe to. Provider Matters is a newsletter for OHP providers which includes updates about fee-for service claim processing, policy and resources. This includes information on current assessment, screening, and authorizations processes and instructions. The newsletters are archived and available on the OHA – OHP Provider Matters webpage.

OHA maintains several webpages with resources for providers. There is a specific page dedicated to Tools for BH Providers and has links to toolkits, trainings and updated information The Healthcare Partner Resource page has specific section for BH providers including tools and guidance on responding to new BH regulations and updates.

OHA also utilizes stakeholder groups, provider services call center and MMIS banner messages to disseminate information and offer technical support to providers.

For CCO contracts information about screening and assessment policies and practices are disseminated the same way. OHA distributes communications through their CCO Operations team and monthly Director's meetings. The topics are chosen by OHA to bring attention to provider information that also goes out in written form to the CCOs. CCOs and providers enrolled with CCOs are encouraged to access the same platforms discussed above for FFS providers. The CCO contract also requires them to develop and implement infrastructure and support for sharing information, coordinating care and monitoring results with providers.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

☒ All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

☒ The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.