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## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 19-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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March 13, 2020

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

**RE: Oregon State Plan Amendment (SPA) Transmittal Number 19-0010**

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 19-0010. This SPA is being submitted to revise the BH rehabilitation and include a level of care for Intensive In-Home Behavioral Health Services as a part of Oregon's services for children's behavioral health.

This SPA was approved on March 11, 2020, with an effective date of July 1, 2020, as requested by the state.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Bill Vehrs at (503) 399-5682 or [bill.vehrs@cms.hhs.gov](mailto:bill.vehrs@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**19-0010**

2. STATE  
Oregon

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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  
**7/1/20**

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 440.130

7. FEDERAL BUDGET IMPACT:  
a. FFY 2020      \$2,177,414  
b. FFY 2021      \$8,709,656

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 6-d, 6-d.3.a, 6-d.5  
**ATTACHMENT 4.19-B, Page 1-b**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, page 6-d, 6-d.5  
**ATTACHMENT 4.19-B, Page 1-b**

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to include a level of care for Intensive In-Home Behavioral Health Services as a part of Oregon's services for children's behavioral health. This new program will provide funding to prevent the need for facility-based services by ensuring increased intensity of services in the community and in-home crisis support.

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:

**12/17/19**

16. RETURN TO:

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

ATTN: Jesse Anderson, State Plan Manager

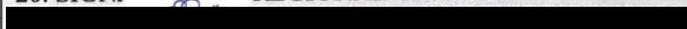
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
12/17/19

18. DATE APPROVED:  
3/11/20

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
7/1/20

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME:  
James G. Scott

22. TITLE:  
Director, Division of Program Operations

23. REMARKS:

2/3/2020-State authorized a P&I change to blocks #8 and 9.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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13.d. Rehabilitative: Mental Health Services

Mental health rehabilitative services include coordinated assessment, therapy, consultation, medication management, skills restoration and interpretive services. The Addictions and Mental Health Division (the Division) may provide these services in various settings, including residential. Each contract or subcontract provider of rehabilitative services establishes a quality assurance system and a utilization review process. Each contract or subcontract provider, in conjunction with a representative quality assurance committee, writes a quality assurance plan to implement a continuous cycle of measurement, assessment and improvement of clinical outcomes based upon input from service providers, clients and families served, and client representatives.

The Division provides mental health rehabilitative services through approved Mental Health Organizations (MHOs), Coordinated Care Organizations (CCO), Community Mental Health Program (CMHPs) or through direct contracted providers. The MHOs, CCOs or CMHPs may provide services directly, or through subcontract providers, in a variety of settings. Mental health rehabilitation services must be recommended by a physician or other licensed practitioner of the healing arts, within the scope of their practice under State law, for the maximum reduction of mental disability and restoration of a recipient to their best possible functional level.

Mental health rehabilitation service components include:

- Intake evaluation, assessment, screenings and brief intervention treatment;
- Crisis and Stabilization services;
- Individual, Group and Family level rehabilitative therapy;
- Medication management and monitoring;
- Intensive In-home Behavioral Health Services;
- Mental Health Services provided to children, adolescent and adults in Residential settings (includes intensive rehabilitative treatment);
- Peer Support;
- Rehabilitation Mental Health Care Coordination;
- Skills restoration.

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: Mental Health Services (Cont)

Intensive In-home Behavioral Health Services provided to children, adolescents and young adults

A 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. Providers authorized to provide these services include LMP, QMHP, QMHA, Peer Support Specialists and mental health interns.

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TN 19-0010  
Supersedes TN NEW

Approval Date 3/11/20

Effective Date 7/1/20

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: Mental Health Services (Cont)

Peer Support (Cont):

These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, drop-in centers etc.). Services provided by peer counselors 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.

Rehabilitation Mental Health Care Coordination:

To be eligible, the individual must be in need of care coordination in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission community to mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned re-admission and to increase the community tenure for the individual. Providers authorized to provide these services include LMP, QMHP, QMHA, Peer Support Specialists and mental health interns.

Skills restoration:

Provides a range of integrated and varied life skills restoration (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) provided in a wide array of settings, including residential and outpatient, for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. Patients engage in their treatment as outlined in the ISSP and these services are restorative in nature.

Duration/frequency of this service is determined by the individual's needs and documented in their ISSP. Providers authorized to provide these services include QMHP, QMHA, Peer Support Specialists and mental health interns.

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TN 19-0010

Approval Date 3/11/20

Effective Date 7/1/20

Supersedes TN 14-04

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 effective for services provided on or after 7/1/20. 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.

The provider types, as outlined in section 13.d, pages 6-d.6 to 6-d.9, can bill, depending on the services provided, in 15-minute units, daily or monthly frequency, accordingly to the CPT/HCPCS billing code utilized.

Interpretive services are billed by the mental health providers and reimbursed an add-on payment as part of the delivery of a Medicaid service. Providers authorized must be qualified interpreters and not immediate family members. Interpretive services (T1013) are included in the fee scheduled referenced above.

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 7/1/20. 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.

Interpretive services are provided as an optional medical service under the rehabilitative SUD Services. Interpretive services are billed by the SUD Services providers and reimbursed an add-on payment as part of the delivery of a Medicaid service. Providers authorized must be qualified interpreters and not immediate family members. Interpretive services (T1013) are included in the fee scheduled referenced above.

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TN No. 19-0010  
Supersedes TN No. 19-0007

Approval Date: 3/11/20

Effective Date: 7/1/20