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State/Territory Name: OR

State Plan Amendment (SPA) #: 22-0009

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
Financial Management Group/ Division of Reimbursement Review

May 25, 2022

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

RE: TN 22-0009

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 April 18, 2022. Oregon Health Authority submitted a Disaster relief SPA, TN 20-0017, during the PHE period that authorized reimbursement for interpreter services as a program expense for limited and non-English speaking members and/or deaf/hard of hearing members. Oregon is requesting to continue this reimbursement past the PHE as reflected in this SPA. The Medicaid payment rate will continue to be is $60 per session.

Based upon the information provided by the state, we have approved this amendment with an effective date of the day after the end of the PHE. 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 James.Moreth@cms.hhs.gov.

Sincerely,

[Redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures cc:
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

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

**STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 22-0009

2. STATE: OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
   - XIX
   - XXI

4. PROPOSED EFFECTIVE DATE: One day after the end of PHE

5. FEDERAL STATUTE/REGULATION CITATION:
   - 1903(a)(2) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars):
   - FFY 2022: $349,119
   - FFY 2023: $1,396,476

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   - Attachment 4.19-B, Page 51-52

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: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

9. SUBJECT OF AMENDMENT:
   - This transmittal is being submitted to continue Interpreter service payments past the PHE period as authorized in DR SPA 20-0017.

10. GOVERNOR’S REVIEW (Check One):
   - 0 GOVERNOR’S OFFICE REPORTED NO COMMENT
   - 0 COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
   - 0 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
   - OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL: [signature]

12. TYPED NAME: Dana Hittle

13. TITLE: Interim Medicaid Director

14. DATE SUBMITTED: 4/18/22

15. RETURN TO:
Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

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**FOR CMS USE ONLY**

16. DATE RECEIVED: 4/18/22

17. DATE APPROVED: May 25, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL:
   - One day after end of PHE

19. SIGNATURE OF APPROVING OFFICIAL: [signature]

20. TYPED NAME OF APPROVING OFFICIAL:
   - Todd McMillion

21. TITLE OF APPROVING OFFICIAL:
   - Director of division of reimbursement review

22. REMARKS:

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*Instructions on Back*
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reimbursement for language assistance services:

OHA will reimburse providers for interpreters required for limited and non-English speaking members and/or deaf/hard of hearing members, when these services are necessary and reasonable to communicate effectively with members regarding health needs. Interpreter services can only be covered in conjunction with another covered OHP service or medically necessary follow-up visit(s) to the initial covered service. To be reimbursable the language assistance service must be provided by a qualified or certified interpreter as described in Oregon Revised Statute, chapter 413, be included on the Health Care Interpreter Registry or is one of the exceptions listed is ORS 413. The registry can be searched online at https://hciregistry.dhsoha.state.or.us.

Providers must use the following code when billing for reimbursement for interpreters for members with limited English proficiency (LEP) and communication services for people who are deaf and hard of hearing:

- HCPCS code: T1013 (D9990 for Dental);
- Maximum units to be billed per Medicaid service/service delivery date: ONE
- Rate $60 per unit (limit 1 unit per day)

The following are not reimbursable interpreter services:

(A) Family members or personal friends used as interpreters, unless the family member/ friend is a Certified or Qualified Healthcare Interpreter found on the OHA Interpreter Registry;

(B) Interpreter services when no other covered OHP service is performed.

TN 22-0009            Approval Date: May 25, 2022            Effective Date: one day after the end of the PHE
Supersedes TN NEW
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: **OREGON**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

**Reimbursement for language assistance services(Cont):**

**Provider types ineligible for separate reimbursement:**

(A) Inpatient Hospitals— included in the inpatient hospital DRG payment method;
(B) Federally Qualified Health Centers (FQHCs) – costs are included in the encounter rate;
(C) Rural health clinics (RHCs) – costs are included in the encounter rate;
(D) Indian Health Service (IHS) – costs are included in the encounter rate;
(E) Long-term care facilities – included in the per diem rate;
(F) Non-Emergency Medical Transportation providers – the service of transporting a patient does not include interpreter service reimbursements;
(G) Home Health Agencies- reimbursement based on Medicare cost report.
(H) Certified Community Behavioral Health Clinics (CCBHCs) – costs are included in the encounter rate.
(I) Residential Treatment Facilities and Residential Treatment Homes as defined in ORS 443.400 – included in the per diem rate;
(J) OHA Licensed Mental Health Adult Foster Homes as defined in ORS 443.705 – included in the per diem rate;
(K) Hospice.

**TN 22-0009** Approval Date: May 25, 2022 Effective Date: one day after the end of the PHE
Supersedes TN NEW