Table of Contents

State/Territory Name: OR

State Plan Amendment (SPA) 22-0003

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
April 14, 2022

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

RE: TN 22-0003

Dear Director 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 February 8, 2022. This SPA increased the hourly rate for Applied Behavioral Analysis (ABA) to $55.

Based upon the information provided by the state, we have approved this amendment with an effective date of one day after the end of the Public Health Emergency (PHE). Once the end of the PHE is known CMS with issue a technical correction SPA with a specific effective date.

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

Todd McMillion
Director
Division of Reimbursement Review

Enclosures cc:
<table>
<thead>
<tr>
<th><strong>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</td>
</tr>
</tbody>
</table>

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

**2. STATE**  
22 0003  
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**  
1905(a)(6) of the SSA  
42 CFR 440.60

**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)**  

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>FFY 2022</td>
<td>$3,248,933</td>
</tr>
<tr>
<td>FFY 2023</td>
<td>$4,331,910</td>
</tr>
</tbody>
</table>

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)**  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

**9. SUBJECT OF AMENDMENT**  
This transmittal is being submitted to continue the DR increase to the ABA procedure codes rate after the PHE period ends

**10. 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

**11. NY OFFICIAL**  

**12. TYPED NAME**  
Dana Hittle

**13. TITLE**  
Interim Medicaid Director

**14. DATE SUBMITTED**  
2/8/22

**15. RETURN TO**

**16. DATE RECEIVED**  
February 8, 2022

**17. DATE APPROVED**  
April 14, 2022

**18. EFFECTIVE DATE OF APPROVED MATERIAL**  
One day after the end of the PHE

**19. SIGNATURE OF APPROVING OFFICIAL**

**20. TYPED NAME OF APPROVING OFFICIAL**  
Todd McMillion

**21. TITLE OF APPROVING OFFICIAL**  
Director, ORR

**22. REMARKS**
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 one day after the end of the PHE. 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 one day after the end of the PHE. 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.