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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 23-0004

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 15, 2023

Dave Baden, Interim Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-23-0004

Dear Mr. Baden:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-23-0004. This amendment was submitted to add two additional provider types to the Other Licensed Provider section of the State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.60. This letter is to inform you that OR-23-0004 was approved on March 15, 2023, with an effective date of January 1, 2023.

If there are any questions concerning this approval, please contact me or you may contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov or at 303-844-2641.

Sincerely,

A black rectangular redaction box covers the signature area, obscuring the name and any handwritten notes.

Digitally signed by James
G. Scott -S
Date: 2023.03.15 13:05:22
-05'00'

James G. Scott, Director
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 4

2. STATE

OR

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

1/1/23

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, page 3-a.1 3-a.2 & 3-b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, page 3-a.1 & 3-b

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to add two additional provider types to the OLP section of the state plan.

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Dana Hittle

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

1/5/23

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

1/5/23

17. DATE APPROVED

March 15, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/23

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

Digitally signed by James G. Scott -S
Date: 2023.03.15 13:06:01 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

3/9/23: State authorizes P&I change to box 7 to add in 3-a.2

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

6. d. **Other Practitioner Services**

In accordance with 42 CFR 440.60, the following licensed practitioners can provide Health care services in this state plan that are within their scope of practice as defined in Oregon Revised Statutes, Oregon Administrative Rules (OAR), and the applicable Boards or certifying agency's governing them. While some of the following practitioners must meet board certification requirements, all covered practitioners must meet state licensure requirements to be covered for services under this section:

Licensed practitioners:

1. Acupuncturists licensed by the Oregon Medical Board;
2. Behavior Analyst (BCBA) and Assistant Behavior Analyst (BCaBA) licensed by the Oregon Behavior Analyst Regulatory Board;
3. Clinical Social Worker licensed by the Oregon Board of Licensed Social Workers;
4. Clinical Social Worker licensed by the Oregon Board of Licensed Social Workers who maintain certification as a Gambling Addiction Counselor, Certified by the Mental Health & Addiction Board of Oregon;
5. Counselors licensed by the Oregon Board of Licensed Professional Counselors and Therapist;
6. Counselors licensed by the Oregon Board of Licensed Professional Counselors and Therapist who maintain certification as a Gambling Addiction Counselor, Certified by the Mental Health & Addiction Board of Oregon;
7. Dental hygienists with an Expanded Practice Dental Hygienist Permit (EPDHP) licensed by the Oregon Board of Dentistry;
8. Dental Therapist licensed by the Oregon Board of Dentistry;
9. Denturists licensed by the Oregon Health Licensing Office;
10. Dietitian, (RDN) and (RD) licensed by the Oregon board of Licensed Dietitians;
11. Direct Entry Midwife licensed by the Oregon Board of Direct Entry Midwifery;
12. Genetic Counselors licensed by the Oregon State Health Licensing Office;
13. Naturopathic physicians licensed by the Oregon Board of Naturopathic Medicine;
14. Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing;

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

6. d. **Other Practitioner Services (Cont)**

Licensed practitioners (Cont):

- 15. Nurse Practitioner (NP) licensed by the Oregon Board of Nursing;
- 16. Physician Assistant (PA) licensed by the Oregon Medical Board;
- 17. Psychologist, (PhD & PsyD licensed by the Oregon Board of Psychology;
- 18. Psychologist, (PhD & PsyD licensed by the Oregon Board of Psychology who maintain certification as a Gambling Addiction Counselor, Certified by the Mental Health & Addiction Board of Oregon

Non-licensed or Certified but not licensed practitioners (Cont):

1. Gambling Addiction Counselor, certified by the Mental Health & Addiction Board of Oregon who are not otherwise a licensed practitioner. Must be supervised by a Licensed Health Care Professional.

2. Behavioral Analyst Interventionists:

Must be supervised by a Behavior Analyst (BCBA), an Assistant Behavior Analyst (BCaBA) or a Licensed Health Care Professional.

3. Non-traditional health workers (referred to a traditional health worker in OAR):

Must be supervised by existing licensed practitioners and perform services for them within the licensed practitioner's scope of practice. Licensed health providers are responsible for the work that they order, delegate, or supervise when health care professionals work under their supervision. The state assures that any non-licensed service providers authorized by this section of Oregon's state plan will be supervised by a Licensed Health Care Professional. For purposes of this State Plan a Licensed Health Care Professional (LHCP) includes Physicians*, Nurse Practitioners, Physician Assistants, Dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, PsyD Psychologists, LCSW Social Workers and Licensed Professional Counselors. (*covered in the state plan under physician services).

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

6. d. **Other Practitioner Services (Cont)**

Non-licensed or Certified but not licensed practitioners (Cont):

Non-traditional health workers (Cont):

- a) Community Health Worker services are provided under the supervision of LHCP;
- b) Peer services are provided under the supervision of LHCP;
 - a. Personal Health Navigators services are provided under the supervision of LHCP;
 - b. Peer Wellness Specialist services are provided under the supervisions of a LHCP;
 - c. Peer Support Specialist services are provided under the supervision of a LHCP.

The state assures that only the Licensed Health Care Professional will bill for services.

TN 23-0004
Supersedes TN 22-0018

Approval Date: 3/15/2023

Effective Date: 1/1/2023