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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 23-0015

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

August 7, 2023

David 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-23-0015

Dear Mr. Baden:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-23-0015. This amendment was submitted to add Certified Indian Health Service Community Health Aide Program providers into the other licensed providers section of the state plan.

We conducted our review of your submittal according to statutory requirements at 42 CFR 440.60 and 42 CFR 431.110(b). This letter is to inform you that OR-23-0015 was approved on August 7, 2023, with an effective date of April 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,

 Digitally signed by James G. Scott -S
Date: 2023.08.07 16:50:41 -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 <u>2 3 — 0 0 1 5</u>	2. STATE <u>OR</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
4/1/23

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.60 and 42 CFR 431.110(b)

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, pages 3-a.2 and 3-b
Attachment 4.19-B, pages 1a.5, 1a.5.a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, pages 3-a.2 and 3-b
Attachment 4.19-B, pages 1a.5, 1a.5.a

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to add additional provider types to section 6.d OLP section and 9. Clinic Services: Indian Health Service and Tribal Health Facilities to 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


12. TYPED NAME
Dana Hittle

13. TITLE
Medicaid Director

14. DATE SUBMITTED
5/12/23

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
5/12/23

17. DATE APPROVED
August 7, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
4/1/23

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.08.07 16:51:07 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

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

Registered or Certified Non-licensed practitioners (Cont):

1. Certified Indian Health Service Community Health Aide Program providers, supervised by a Licensed Health Care Professional.
2. 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.
3. Behavioral Analyst Interventionists:
Must be supervised by a Behavior Analyst (BCBA), an Assistant Behavior Analyst (BCaBA) or a Licensed Health Care Professional.
4. 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.

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)**

Registered or Certified non-licensed practitioners (Cont):

Non-traditional health workers (Cont):

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).

- 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

9. Clinic Services: Indian Health Service and Tribal Health Facilities (I/T)

Services provided by facilities of the Indian Health Service (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization, and funded by Title I or III of the Indian Self Determination and Education Assistance Act (Public Law 93-638), are paid at the rates negotiated between the Health Care Financing Administration (HCFA) and the IHS and which are published in the Federal Register or Federal Register Notices.

The outpatient per visit rate is also known as the IHS encounter rate. The definition of an encounter is, "A face-to-face contact between a health care professional and an IHS beneficiary eligible for the Medical Assistance Program for the provision of Title XIX/CHIP defined services through an IHS, AI/AN Tribal Clinic or Health Center, or a Federally Qualified Health Clinic with a 638 designation within a 24-hour period ending at midnight, as documented in the client's medical record."

The outpatient per visit rate is paid for up to five (5) outpatient visits per Medicaid beneficiary per calendar day for professional services. This provision also applies to AI/AN Tribal Clinics or Health Centers with a 638 designation that utilize the Prospective Payment System (PPS) rate as outlined in Benefits Improvement and Protection Act (BIPA), Public Law 106-554 and Oregon Administrative Rule Chapter 410 Division 146.

Pharmacy encounters will be paid at the federal OMB clinic encounter rate as outlined in Attachment 4.19-B, section 12-prescribed drugs of this state plan.

The following provider types are allowable to be reimbursed under the IHS encounter rate: Physicians, Physician Assistants, Advanced Nurse Practitioners, Nurse Midwives, Dentists, Pharm D, Speech-Language Pathologist, Audiologist, Physical therapist, Occupational therapist, Podiatrist, Optometrist, Substance Use Disorder Counselors, Psychiatrist, Psychologist, Mental Health Professionals or other health care professionals including those professionals listed in this state plan Attachment 3.1-A, Section 6.d Other Practitioner Services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

9. Clinic Services: **Indian Health Service and Tribal Health Facilities (I/T)(Cont)**

These services are not limited except as directed by the Oregon Administrative Rule -General Rules - Excluded Services and Limitations, the American Indian/Alaska Native Billing Guide and the Health Evidence Review Committee (HERC) Prioritized List of Health Services (List) as follows: Coverage for diagnostic services and treatment for those services funded on the HERC List and Coverage for diagnostic services only, for those conditions that fall below the funded portion of the HERC List.

Medical Transportation services are outside the IHS encounter rate and are reimbursed under the OHA fee-for-service system.

Dental Service- Pay for Performance Supplemental Payment Program:

Pay for Performance Supplemental Payments for qualifying dental providers apply to IHS clinic dental services the same as described in this state plan Attachment 4.19-B, page 40-41.