

## **Table of Contents**

**State/Territory Name Oregon**

**State Plan Amendment (SPA) #: 25-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

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September 12, 2025

Emma Sandoe  
Medicaid Director  
Oregon Health Authority  
500 Summer Street Northeast, E-65  
Salem, OR 97301-1079

Re: Oregon State Plan Amendment (SPA) – OR-25-0020

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-25-0020. This amendment proposes to remove the September 30, 2025, end date for the medication-assisted treatment option for opioid use disorder.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Oregon's Medicaid SPA TN OR-25-0020 was approved on September 12, 2025, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oregon State Plan.

If you have any questions, please contact Brian Zolynas at (206) 615-2742 or via email at [Brian.Zolynas@cms.hhs.gov](mailto:Brian.Zolynas@cms.hhs.gov).

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Jesse Anderson, Oregon Health Authority

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 0

2. STATE

OR3. 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

10/1/25

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(29) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Administrative page 28a  
Attachment 3.1-A, Page 6-d.13, 6-d.14, and 6-d.14a(NEW)  
Supplement 5 to Attachment 3.1-A, Page 1 thru ~~11~~ 128. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Administrative page 28a  
Attachment 3.1-A, Page 6-d.13, 6-d.14  
Supplement 5 to Attachment 3.1-A, Page 1 thru 10

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to remove the expiration date for medication- assisted treatment option for opioid use disorder

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

Emma Sandoe, PhD

13. TITLE

Medicaid Director

14. DATE SUBMITTED

8/20/25

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

August 20, 2025

17. DATE APPROVED

September 12, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

State authorized pen-and-ink changes to Box 7 on 9/11/25.

Transmittal #25-0020  
OMB No. 0938-1148

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

**State/Territory:** OREGON

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SECTION 3 - SERVICES: GENERAL PROVISIONS

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Citation(s)

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3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

**3.1 (i) Medication-Assisted Treatment (MAT)**

1905(a)(29) ☒ MAT as described and limited in Supplement 5 to Attachment 3.1-A.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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TN 25-0020  
Supersedes TN 21-0003

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Approval Date: 9/12/2025  
Effective Date: 10/1/2025

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: Substance Use Disorder Services:

**Group counseling/ group family and/or couple counseling:**

Therapy services provided is designed to assist in the attainment of goals described in the service plan. Goals of Individual, Group or Family level treatment may include enhancing interpersonal skills, mitigating the symptoms of SUDs, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for group therapy must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. Duration/frequency of this service is determined by the individual's needs and documented in their service plan. Family treatment may take place without the consumer present in the room, but service must be for the benefit of attaining the goals identified for the individual in their service plan. Services to the beneficiary's family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

**Individual counseling therapy/individual family and/or couple counseling:**

Provides individual counseling therapy in a private setting as identified by their service plan. The duration/frequency of the treatment services are determined utilizing the service plan and the individual's needs. Services to the beneficiary's family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
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13.d. Rehabilitative: Substance Use Disorder Services:  
**Medication assisted treatment (MAT):**

Is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of SUDs.

MAT is clinically driven with a focus on individualized patient care identified in their service plan. Providers authorized to provide these services include LMP, QMHP, CADC.

For MAT specific to opioids use disorder refer to Supplement 5 to Attachment 3.1-A of this state plan.

**Medication management:**

Is for the prescribing and/or administering and reviewing of medications and their side effects, including both pharmacological management as well as supports and training to the individual. This service shall be rendered by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or care coordination managers, but includes only minimal psychotherapy. Also includes medication monitoring, reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. Duration/frequency of this service is determined by the individual's needs and documented in their service plan. Collection and handling of specimens for substance analysis are included in this service. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

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13.d. Rehabilitative: Substance Use Disorder Services:

**Peer support:**

Services are provided in accordance with SMDL #07-011. Services can be provided to individuals who are under the consultation, facilitation or supervision of a competent SUDs treatment professional who understands rehabilitation and recovery. Peer Support services promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills in order to facilitate the recovery of others with substance use disorders. Peer services include self-help support groups by sharing the peer counselor's own life experiences related to SUDs and will build support mechanisms that enhance the consumers' recovery and restores their ability to function in the community. Services provided by peer supports are described in the individualized service plan which uses a person-centered planning process to promote participant ownership of the plan of care and delineates specific goals. Providers authorized to provide these services are Certified Peers as defined in the provider qualification section.

**Screening:**

Is a brief process that occurs soon after the individual seeks services. It indicates whether the individual is likely to have a substance use disorder and mental disorder. Individuals who screen positive for substance use disorders are given a full in-depth assessment, those who screen positive for a mental disorder receive or are referred on to receive a full in-depth assessment. Providers authorized to provide these services include LMP, QMHP, CADC, Certified Peers and interns under appropriate supervision as defined in the provider qualification section.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

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**General Assurance**

**[Select all three checkboxes below.]**

- ☒ MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.
- ☒ The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- ☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

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**Service Package**

The state covers the following counseling services and behavioral health therapies as part of MAT. **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

MAT services are provided in accordance with a beneficiary's Individual Service and Support plan (ISSP). MAT OUD Rehabilitative treatment must be recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under state law.

**Individual counseling therapy/Individual family and/or couple counseling** provides individual counseling therapy in a private setting as identified by their ISSP. The duration/frequency of the treatment services are determined utilizing the ISSP and the individual's needs. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision.

**Group counseling/ Group family and/or couple counseling** therapy services provided is designed to assist in the attainment of goals described in the service plan. Goals of Individual, Group or Family level treatment may include enhancing interpersonal skills, mitigating the symptoms of OUDs, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and /or maintain stability in living, work or educational environment.

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**Service Package (Cont)**

**Group counseling/ Group family and/or couple counseling (Cont)**

Individuals eligible for group therapy must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. Duration/frequency of this service is determined by the individual's needs and documented in their service plan. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their service plan.

Group Family therapy service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision.

**Peer Support** services can be provided to individuals who are under the consultation, facilitation or supervision of a competent OUDs treatment professional who understands rehabilitation and recovery. Peer Support services promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills in order to facilitate the recovery of others with opioid use disorders

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**Service Package (Cont)**

**Peer Support (Cont)** Peer services include self-help support groups by sharing the peer counselor's own life experiences related to SUDs and will build support mechanisms that enhance the consumers' recovery and restores their ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.). Services provided by peer supports 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. Providers authorized to provide services are certified Peer Support Specialists under appropriate supervision.

**Medication management** is for the prescribing and/or administering and reviewing of medications and their side effects, including both pharmacological management as well as supports and training to the individual. This service shall be rendered by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or care coordination managers, but includes only minimal psychotherapy. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service.

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**Service Package (Cont)**

**Medication management (Cont)**

Time spent with the enrollee is the only direct service billable component of this modality. Duration/frequency of this service is determined by the individual's needs and documented in their ISSP. Collection and handling of specimens for substance analysis are included in this service. Providers authorized to provide these services include LMP, QMHP, CADC, OLP and interns under appropriate supervision.

Please include each practitioner and provider entity that furnishes each service and component service.

- A. Licensed Medical Practitioners (LMP);
- B. Certified Alcohol and Drug Counselor (CADC);
- C. Qualified Mental Health Professional (QMHP);
- D. Peer-Support Specialist;
- E. Pharmacist;
- F. Intern.

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

A. **Licensed Medical Practitioners (LMPs)** meets the following minimum qualifications:

- 1. Holds at least one of the following educational degrees and valid licensure:
  - a. Physician licensed to practice in the State of Oregon;

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**Licensed Medical Practitioners (Cont)**

- a. Physician licensed to practice in the State of Oregon;
- b. Advanced Practice Nurses including Clinical Nurse Specialist; and Certified Nurse Practitioner licensed to practice in the State of Oregon; or
- c. Physician's Assistant licensed to practice in the State of Oregon.

**B. "CADC" means a Certified Alcohol and Drug Counselor:**

- 1. CADC I; requires education, supervised experience hours and successful completion of a written examination. 150 hours of Opioid use disorder education provided by an accredited or approved body. 1,000 hours of Supervised Experience, Completion of the NCAC I professional psychometric national certification examination from the National Association of Alcohol and Drug Abuse Counselors.
- 2. CADC II; a minimum of a BA/BS degree, with a minimum of 300 hours of Opioid use disorder education provided by an accredited or approved body. 4,000 hours of Supervised Experience, Completion of the NCAC II professional psychometric national certification examination from the National Association of Alcohol and Drug Abuse Counselors. Completion of the NAADAC Case Presentation Examination.

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**Certified Alcohol and Drug Counselor (Cont)**

3 CADC III; a Minimum of a master's degree with a minimum of 300 hours of Opioid use disorder education provided by an accredited or approved body. 6,000 hours of Supervised Experience, Completion of the NCAC II professional psychometric national certification examination from the National Association of Alcohol and Drug Abuse Counselors. Completion of the NAADAC Case Presentation Examination.

CADC are supervised by a Clinical supervisor in substance use disorders treatment programs who are certified or licensed by a LMP or QMHP. CADC must obtain a certificate of approval or license from the Division for the scope of services to be reimbursed.

C. "**QMHP**" must be licensed, or be employed by, or contract with, an organization that has obtained a certificate of approval from the Division for the scope of services to be reimbursed. QMHP is a Licensed Medical Practitioner or any other person meeting the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:

1. Graduate degree in psychology;
2. Bachelor's degree in nursing and licensed by the State of Oregon;
3. Graduate degree in social work;
4. Graduate degree in a behavioral science field;
5. Graduate degree in a recreational, art, or music therapy; or

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**QMHP (Cont)**

- 6. Bachelor's degree in occupational therapy and licensed by the state of Oregon;
- 7. Licensed by the Oregon state Board of Psychologist examiners, Licensed Social Workers, Licensed Professional Counselors and Therapists; and
- 8. Whose education and experience demonstrates the competencies to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multi axial DSM diagnosis; write and supervise a treatment plan; conduct a comprehensive mental health assessment; and provide individual, family, and/or group therapy within the scope of their training. Must also hold a Licensed or Certified in Alcohol and Drug Counseling.

D. **"Peer-Support" Specialist** means a person delivering services under the supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. An Individual who has successfully completed training through a curriculum approved by AMH. This curriculum focuses on six (6) principles including:

- Being culturally appropriate
- Includes concepts of informed choice
- Creating partnerships
- Being person centered
- Utilize strengths-based care concepts
- Utilize trauma informed care concepts

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**Peer-Support Specialist (Cont)**

Curriculum must contain the following specific elements, at a minimum:

- Communication skills and concepts
- Documentation skills and concepts
- Education specific to peer population and special needs of this population
- Knowledge of the recovery model and concepts of resiliency
- Ethics
- Knowing specific and applicable laws and regulations
- Knowing the related resources, advocacies and community support systems

And the individual:

1. Is a self-identified person currently or formerly receiving mental health services; or
2. Is a self-identified person in recovery from a opioid use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or
3. Is a family member of an individual who is a current or former recipient of addictions or mental health services.

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E. **"Pharmacist"** means an individual licensed by this state to engage in the practice of pharmacy or to engage in the practice of clinical pharmacy. Pharmacy means a place that meets the requirements of rules of the board, is licensed and approved by the board where the practice of pharmacy may lawfully occur and includes apothecaries, drug stores, dispensaries, hospital outpatient pharmacies, pharmacy departments and prescription laboratories but does not include a place used by a manufacturer or wholesaler.

F. **"Intern"** means a person who meets qualifications for QMHA but does not have the necessary graduate degree in psychology, social work or behavioral science field to meet the educational requirement of QMHP. The person must:

1. be currently enrolled in a graduate program, for at least a master's degree, for degrees for psychology, social work or in a Bachelor of Science field.
2. Has a collaborative educational agreement with the CMHP (provider) and the graduate program working within the scope of his/her practice and competencies identified by the policies and procedures for credentialing of clinical staff as established by provider.
3. Receives, at the minimum, weekly supervision, by a qualified clinical supervisor, employed by the provider of services.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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**Utilization Controls**

**[Select all applicable checkboxes below.]**

- ☒ The state has drug utilization controls in place. (Check each of the following that apply)
- ☒ Generic first policy
  - ☒ Preferred drug lists
  - ☒ Clinical criteria
  - ☒ Quantity limits

☐ The state does not have drug utilization controls in place.

**Limitations**

**[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]**

**Counseling and behavioral therapy:**

There are no hard limitations, quantity and treatment duration is based on medical necessity and assessments and treatment plans.

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**Limitations (Cont)**

MAT drugs and biologicals:

Supply limits, early refill thresholds and therapeutic duplication are enforced by Prior authorization (PA) and Quantity limits.

- Prior authorization is required for high-dose products to prevent inappropriate and off-label use.

If presented with a prescription of an opioid, a licensed pharmacist may provide counseling and prescribe naloxone with the necessary medical supplies to administer.

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