

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 26, 2021

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-21-0012

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-21-0012. This SPA proposes to expand the full continuum of substance use disorder care by increasing access to certain services to beneficiaries diagnosed with a substance use disorder.

The effective date of this SPA is January 1, 2022. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Oregon State Plan.

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,

James G. Scott, Director
Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0012	2. STATE Oregon
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 1/1/22	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN		<input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 2022 \$6,023,142 b. FFY 2023 \$8,030,856	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 6-d.10 thru 6-d.20 Attachment 4.19-B, page 1-b and page 4g Supplement 1 to Attachment 3.1-A, page 19 thru 22a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, page 6-d.10 thru 6-d.19 Attachment 4.19-B, page 1-b and page 4g Supplement 1 to Attachment 3.1-A, page 19 thru 22a	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to include additional SUD rehabilitation services in order to align state plan services with those under the SUD 1115 waiver demonstration.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301	
13. TYPED NAME Lori Coyner, MA 		ATTN: Jesse Anderson, State Plan Manager	
14. TITLE: State Medicaid Director, OHA			
15. DATE SUBMITTED: 6/1/21			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/1/21		18. DATE APPROVED: August 26, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/22		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS: 8/19 state authorized a P&I change to box 8 and 9 to reflect :Attachment 4.19-B, page 1-b and page 4g Supplement 1 to Attachment 3.1-A, page 19 thru 22a			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13.d. Rehabilitative: Substance Use Disorder Services:

Substance Use Disorder (SUD) treatment services include; screening, assessment, individual counseling, group counseling, individual family and/or couple counseling, group family and/or couple counseling, care coordination, medication assisted treatment, medication management, collection and handling of specimens for substance analysis, interpretation services, acupuncture, detoxification and peer support.

Rehabilitative services must be recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under state law and that the purpose of the services is for the “maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level”.

SUD TREATMENT SERVICE COMPONENTS

Acupuncture is used in combination with counseling and behavioral therapies to reduce withdrawal symptoms, decreases SUDs cravings acupuncture is used as part of a comprehensive treatment plan, duration and frequency is determined by the service plan. Providers authorized to provide these services include Acupuncturist, LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

TN 21-0012
Supersedes TN 14-04

Approval Date 8/26/21

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13.d. Rehabilitative: Substance Use Disorder Services:

Assessment consists of gathering key information and engaging in a process with the individual that enables the healthcare professional to establish the presence or absence of a disorder, determine the individual's readiness for change, identify the individual's strengths or problem areas that may affect the processes of treatment and recovery. This process results in a diagnosis and completion of a service plan with the individual's input in setting their treatment goals. The duration/frequency of the treatment services are determined utilizing the service plan and the individual's needs. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Brief intervention is an early intervention, evidence-based practice designed to motivate individuals at risk of substance use disorder and related health problems to change their behavior through brief counseling sessions. Brief interventions can also be used to encourage those with more serious dependence or disorders to accept more intensive treatment. Brief interventions are intended to address problematic or risky substance use that presents with or without a previous diagnosis and will make appropriate referrals to services. Other activities include but are not limited to brief conversations on use of substances the effects of the use, discuss options for treatment and strategies to discontinue use or other harm reduction strategies. This may be provided before or after screenings or those already screened seeking treatment. Providers authorized to provide these services include LMP, QMHP, CADC and interns, Certified Peers under appropriate supervision as defined in the provider qualification section.

Care coordination is to deliberately organize care and the sharing of information among all participants concerned with the care of the individual, the care team. Services are provided to an individual with complex needs in order to ensure timely and appropriate treatment and care. Activities include assessment and ongoing re-assessment, admission and discharge planning, patient/family education, effective and timely communication between care team, coordinate and manage care transitions between levels of care, assists in treatment goal planning, integrated treatment planning, resource identification, referral and linkage to rehabilitative services and informal resources such as family and self- help support, and collaborative development of individualized services that promote continuity of care, arrange for peer support, arrange for medical transportation. These specialized activities are intended to promote treatment retention and to minimize the risk of relapse and to increase the community tenure for the individual. 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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13.d. Rehabilitative: Substance Use Disorder Services:

Case management refer to Supplement 1 to Attachment 3.1-A of this state plan

Community integration and skills restoration provides a range of integrated and varied life skills restoration provided in a wide array of settings, including residential, community, and outpatient, for Medicaid enrollees intended to promote improved functioning, treatment retention and to minimize the risk of relapse and to increase the community tenure for the individual. Patients engage in their treatment as outlined in the individual's treatment and/or recovery plan and these services are restorative in nature. Activities to support life skills, and restoration to the community include but are not limited to self-care, medication management, reduction/elimination of maladaptive behaviors, skills to maintain household, health hygiene, nutritional issues etc. Duration/frequency of this service is determined by the individual's needs and documented in the individual's treatment and/or recovery plan. Providers authorized to provide these services include LMP, QMHP, QMHA, Certified Peer, and CHW.

Crisis and stabilization services provides evaluation and treatment of Substance Use to individuals experiencing a crisis. A Substance Use crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation. Stabilization services include short-term face-to-face assistance with life skills training and understanding of medication effects. This service includes a) follow up to crisis services; and b) other individuals determined by a Substance Use professional. Stabilization services may be provided prior to a screening or intake evaluation for Substance Use. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision.

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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.

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. From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act."

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

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13.d. Rehabilitative: Substance Use Disorder Services:

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. From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

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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13.d. Rehabilitative: Substance Use Disorder Services:

Withdrawal management refers not only to the reduction of the physiological and psychological features of withdrawal syndromes, but also the process of interrupting the momentum of compulsive use. This service component is for ambulatory withdrawal management and non-ambulatory withdrawal management. Withdrawal management (ambulatory) is provided for mild withdrawal symptoms with or without extended on-site monitoring. Services offered at this level include individual assessment, medication or non-medication methods of withdrawal management, clinical monitoring of signs and symptoms of withdrawal, individual and group therapies. There are two types of non-ambulatory level of withdrawal management, the difference between these two types of levels is the intensity of clinical services, particularly as demonstrated by the degree of involvement of medical and nursing professionals. Non-ambulatory withdrawal management (clinically managed) is for moderate withdrawal symptoms that require 24-hour structure, support, supervision, and observation for individuals who are experiencing withdrawal symptoms. Emphasis is on peer and social support; this level of care does not require medical professionals. Providers include peer support and other non-clinical staff. Services offered at this level include daily clinical services to assess and address the needs of the individual, appropriate medical services, individual and group therapies, and withdrawal support.

Non ambulatory withdrawal Management (medically monitored) is for severe withdrawal symptoms and is delivered by licensed medical and nursing professionals, who have specialized training in substance use disorders, and provides 24-hour medically supervised evaluation and withdrawal management. This level of care is for individuals whose withdrawal signs and symptoms are sufficiently severe to require medical professionals but not an acute care general hospital. Services offered at this level include daily clinical services to assess and address the needs of the individual, appropriate medical services, individual therapy designed to enhance the individual's understanding of addiction and the completion of the withdrawal management process, and withdrawal support. Hourly nurse monitoring of the individual's progress and medication administration if needed. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

LIMITATION ON SERVICES

Limitation and duration/frequency of services are dependent upon each individual's medical needs and outlined in their service and/ or treatment plan. Medically necessary rehabilitative services are provided without limitation in amount, duration and scope in accordance with clinical treatment guidelines, indications and usage.

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PROVIDER QUALIFICATIONS

Providers outlined below are authorized to provide substance use disorder rehabilitative services:

- A. Licensed Medical Practitioners (LMPs) provide ongoing medical oversight as appropriate. A Licensed Medical Practitioners (LMP) means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:
1. Holds at least one of the following educational degrees and valid licensure:
 - 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.
 2. Whose training, experience and competence demonstrates the ability to conduct a comprehensive mental health assessment and provide medication management, including a practitioner of the healing arts, acting within the scope of his or her practice under State law, who is licensed by a recognized governing board in Oregon.
- B. "CADC" means a Certified Alcohol and Drug Counselor who is supervised by a LMP, QMHP or other QMHA:
1. CADC I; requires education, supervised experience hours and successful completion of a written examination. 150 hours of Substance 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 Substance 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.
 - 3 CADC III; a Minimum of a master's degree with a minimum of 300 hours of Substance 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.
4. CADC must obtain a certificate of approval or license from the Division for the scope of services to be reimbursed.

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13.d. Rehabilitative: Substance Use Disorder Services (Cont)

Provider qualifications (cont):

C. "QMHP" means a Qualified Mental Health Practitioner 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 (LMP) or any other person meeting the following minimum qualifications as documented by the 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
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.

In instances where a QMHP is not a LMP they are supervised by a LMP.

D. "QMHA" means a Qualified Mental Health Associate meaning a person delivering services under the direct supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. A bachelor's degree in a behavioral sciences field; or
2. A combination of at least three year's relevant work, education, training or experience; and
3. Has the competencies necessary to:
 - a. Communicate effectively;
 - b. Understand mental health assessment, treatment and service terminology and to apply the concepts; and
 - c. Provide psychosocial skills development and to implement interventions prescribed on a treatment plan within their scope of practice.

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13.d. Rehabilitative: Substance Use Disorder Services (Cont)

Provider qualifications (cont):

4. Must also hold a Certification of Alcohol and Drug Counseling.

E. “Certified Peer/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 OHA. 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

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 substance use disorder; or
3. Is a family member of an individual who is a current or former recipient of addictions or mental health services.

Certified Peer/Peer Support Specialists require 20 hours of continuing education every three years.

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13.d. Rehabilitative Substance Use Disorder Services (Cont)
Provider qualifications (cont):

F. “Acupuncturist” provides health care using acupuncture and other forms of traditional Oriental Medicine. Acupuncture treats neurological, organic or functional disorders by stimulation of specific points on the surface of the body by insertion of needles. Licensure requirements include:

1. Graduated from an accredited acupuncture program
2. Had a current certification in acupuncture by the appropriate national commission.
3. Licensed by the Oregon Medical Board
4. Have a minimum of five years of licensed practice elsewhere in the United States prior to obtaining Oregon licensure status.

G. “CHW” means Community Health Worker 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 OHA. This curriculum focuses on four (4) principles including:
 - Outreach and mobilization
 - Community Cultural Liaison
 - Case management, care coordination, and system navigation
 - Health Promotion and Coaching

H. “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.

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13.d. Rehabilitative: Substance Use Disorder Services:

IMD ASSURANCE

Residential treatment services for SUDs are provided to Medicaid title XIX eligible individuals in facilities with 16 or fewer beds. Licensed SUD residential facilities with greater than 16 beds that meet the definition of “institution for mental diseases” IMDs (defined per 42 CFR 435.1010) are not permitted. Payment is excluded for individuals in “institutions of mental diseases” (IMDs) defined per 42 CFR 435.1010, except to the extent that the state is providing medical assistance to eligible pregnant and postpartum women outside of an IMD pursuant to section 1012 of the SUPPORT for Patients and Communities Act.

Targeted Case Management-Substance Use Disorder

Target Group:

Medicaid eligible individuals with substance use disorder or substance misuse/abuse.

For case management services provided to individuals in medical institutions:

- Target group comprised of individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

Areas of state in which services will be provided:

- Entire State
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

Comparability of services:

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount duration and scope.

1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

Definition of services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs:

These assessment activities include:

- Taking client history;
- Evaluation of the extent and nature of individual's needs (medical, social, educational, and other services) and completing related documentation;

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- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.
- Reevaluation (reassessment) of individual will occur at a minimum on an annual basis or as needed to identify unresolved and or emerging needs, to guide appropriate revisions in the care plan (Reassessment).

Development (and periodic revision) of a specific care plan: The care plan will be based on the information collected through the assessment and will include the following:

- Specifies the goals and actions needed to address the medical, psycho-social, educational, and other services needed by the individual;
- Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- Identify a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities (Such as scheduling appointments for the individual) to help an eligible individual obtain needed services including:

- Activities that help link an individual with medical, social, educational providers; or
- Other programs and services that are capable of providing needed services (including food vouchers, transportation, child care and housing assistance to address identified needs and achieve goals specified in the care plan);

Monitoring and follow-up activities:

Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. The activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:

- Services are being furnished in accordance with the individual's care plan;
- Services in the care plan are adequate; and
- If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.

Case management may include contact with non-eligible individuals, which are directly related to identifying the needs and supports for helping the eligible individual to access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Case Manager:

Case managers will possess a combination of education and experience necessary to support case planning, referral and client monitoring to effectively engage individuals who are identified as having potential substance abuse issues, substance use disorder, or conditions that are lacking readiness to engage in active treatment. This experience will demonstrate an understanding of issues relating to substance misuse/abuse, as well as needed community supports and linkages that will enable the individual to prepare for treatment, enter into treatment and/or remain engaged in treatment.

The Department will authorize behavioral health programs that are licensed, certified or have received a letter of approval from the Health System Division. Case managers may provide these services if employed by the program holding a letter of approval from the Health System Division and must have oversight by a clinical supervisor employed by the program. Qualified Case Managers must meet the following qualifications as outlined in Oregon Administrative Rule:

1. Licensed Medical Providers, Qualified Mental Health Professionals, Qualified Mental Health Associates; or
2. Who possess certification as an Alcohol and Drug Counselors (CADC) levels I, II or III; or
3. Have completed a Peer Services Training Program following a training curriculum approved by the Addictions and Mental Health Division and is:
 - a. A self-identified person currently or formerly receiving mental health services; or
 - b. A self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or
 - c. A family member of an individual who is a current or former recipient of addictions or mental health services.

Freedom of Choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- Eligible individuals will have free choice of the providers of case management services within the specified geographic area identified in this plan.
- Eligible individuals will have free choice of the providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management services (including targeted case management) will not be used to restrict an individual's access to other services under the plan;
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services;
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows:

- (i) The name of the individual;
- (ii) The dates of the case management services;
- (iii) The name of the provider agency (if relevant) and the person providing the case management service;
- (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- (v) Whether the individual has declined services in the care plan;
- (vi) The need for, and occurrences of, coordination with other case managers;
- (vii) A timeline for obtaining needed services; (viii) A timeline for re-evaluation of the plan.

Limitations:

Case Management does not include the following:

- Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).
- Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))
- FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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 on or after 7/1/20. 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 on or after 1/1/22. 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.

TN No. 21-0012

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Supersedes TN No. 19-0010

Payment Methodology for Targeted Case Management for individuals with Substance Use Disorder

Payment for Medicaid eligible individuals in the target group will be based on 15 minute units of service with a maximum of sixteen (16) units per month. Billing providers will document the scope, frequency and duration of services;

Rates will be developed using a market based payment methodology utilizing statewide usual and customary data for case management services currently in effect prior to the implementation date of this amendment. The rates utilized are the same for private and governmental providers. Rates are reviewed at least every two (2) years for approved cost of living adjustments authorized by the Oregon Legislative.

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.

Payment methods are a state-wide fee schedule effective for services provided on or after 1/1/22. Statewide fee schedule rates and any annual/periodic adjustments to those rates will be published on the Department's website.

All services will be documented as required by Oregon Administrative Rule and/or Department procedure. Providers of targeted case management services will submit a CMS 1500 form to the Department's Medicaid Management Information System (MMIS) detailing the encounter as follows:

Date of Service
Name of Individual
Performing Provider Information
Procedure Code
Units of Service
Place of Service
U&C Charge