

**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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May 28, 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-21-0003

Dear Mr. Allen:

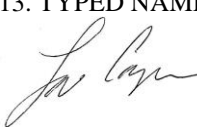
The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-21-0003. This SPA moves Oregon's current Medication Assisted Treatment (MAT) benefit from the optional benefit section in Oregon's state plan to the required benefit section to comply with Section 1006(b) of the SUPPORT Act.

The effective date of this SPA is October 1, 2020. 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](mailto:nicole.lemmon@cms.hhs.gov) or at 303-844-2641.

Sincerely,

James G. Scott, Director  
Division of Program Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>21-0003</b>	2. STATE Oregon
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 <b>10/1/20</b>	
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 <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  1902(a)(10)(A), 1905(a)(29) and 1927 of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2021      \$ 0 b. FFY 2022      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Administration page 28a Supplement 5 to Attachment 3.1-A, page 1-3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  NEW	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect coverage of medication-assisted treatment (MAT) for opioid use disorders (OUD) as specified in section 1006(b) of the SUPPORT Act. Oregon currently covered these services prior to passage of the SUPPORT Act.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301  ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Lori Coyner, MA 			
14. TITLE: State Medicaid Director, OHA			
15. DATE SUBMITTED: 2/8/21			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 2/8/21		18. DATE APPROVED: May 28, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/20		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

## 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 Needy3.1 (i) **Medication-Assisted Treatment (MAT)**1905(a)(29) X MAT as described and limited in Supplement 5 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

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**1905(a)(29) Medication-Assisted Treatment (MAT)**

i. General Assurance

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 and ending September 30, 2025.

ii. Assurances

- a. 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).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD 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).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) 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.

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**1905(a)(29) Medication-Assisted Treatment (MAT) (Cont)**

iii. Service Package (Cont)

**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. 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.

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**1905(a)(29) Medication-Assisted Treatment (MAT) (Cont)**

iii. Service Package (Cont)

**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. 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.

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**1905(a)(29) Medication-Assisted Treatment (MAT) (Cont)**

iii. Service Package (Cont)

**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. 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, OTP and interns under appropriate supervision.

iii. Service Package (Cont)

- a. 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.

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**1905(a)(29) Medication-Assisted Treatment (MAT) (Cont)**

- b) 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;
  - 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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**1905(a)(29) Medication-Assisted Treatment (MAT) (Cont)**

iii. Service Package (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
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

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**1905(a)(29) Medication-Assisted Treatment (MAT) (Cont)**

iii. Service Package (Cont)

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

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

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**1905(a)(29) Medication-Assisted Treatment (MAT) (Cont)**

iii. Service Package (Cont)

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.

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.

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**1905(a)(29) Medication-Assisted Treatment (MAT) (Cont)**

iv. Utilization Controls (Cont)

  X   The state has drug utilization controls in place. (Check each of the following that apply)

  X   Generic first policy

  X   Preferred drug lists

  X   Clinical criteria

  X   Quantity limits

       The state does not have drug utilization controls in place.

v. 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.

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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**1905(a)(29) Medication-Assisted Treatment (MAT) (Cont)**

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on 10/24/2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. 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 80 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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**1905(a)(29) Medication-Assisted Treatment (MAT)**

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD) will be reimbursed using the same methodology as described for prescribed drugs as referenced on Attachment 4.19-B, section 12 for both dispensed and administered prescribed drugs.

Counseling services and behavioral health therapy payments are based on a state-wide fee schedule as referenced on Attachment 4.19-B, section 13.d.

Bundled MAT drugs and biologicals provided by Opioid Treatment Programs (OTPs) that meet the requirements for 42 CFR part 8 will be reimbursed by utilizing the state-wide physician fee schedule as outlined in Attachment 4.19-B and published on the divisions web at [http://www.oregon.gov/OHA/healthplan/data\\_pubs/feeschedule/main.shtml](http://www.oregon.gov/OHA/healthplan/data_pubs/feeschedule/main.shtml).