

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 22-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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September 12, 2022

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-22-0012

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-22-0012. This amendment was submitted to authorize a state option to provide qualifying community-based mobile crisis intervention services for a period of up to five years, during the period starting April 1, 2022, and ending March 31, 2027.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 1947of the Act. This letter is to inform you that OR-22-0012 was approved on September 12, 2022, with an effective date of April 1, 2022.

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,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by  
James G. Scott -S  
Date: 2022.09.12  
09:28:15 -05'00'

James G. Scott, Director  
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 2

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

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

4. PROPOSED EFFECTIVE DATE

4/1/22

5. FEDERAL STATUTE/REGULATION CITATION

1947 of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 2,836,294  
b. FFY 2023 \$ 5,672,587

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 6-d.2, 6-d.2.a and 6-d-2.b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Page 6-d.2

9. SUBJECT OF AMENDMENT


This transmittal is being submitted to include the new 1947 Title 19 option to provide qualifying community-based mobile crisis intervention services.

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

  
ME

Dana Hittle

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

6/14/22

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 6/14/22

17. DATE APPROVED

September 12, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

4/1/22

19. SIGNING OFFICIAL

  
Digitally signed by James G. Scott -S  
Date: 2022.09.12 09:29:24 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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13.d. Rehabilitative: Mental Health Services (Cont)

Crisis and Stabilization services:

Evaluation and treatment of mental health crisis to individuals experiencing a mental health crisis: A mental health crisis is defined as a turning point in the course of anything decisive or critical in an individual's life, in which the outcome may decide whether possible negative consequences will follow. Crisis services will be available where the individual is experiencing a mental health crisis on 24 hours a day, 7 days a week, 365 days per year basis and not restricted to select locations within any region on particular days or times and must address co-occurring substance use disorders, including opioid use disorder, if identified. 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.

Stabilization services include short-term flexible services, supports and coordination such as life skills training and understanding of medication effects to assist in stabilizing the individual in their community setting. These services are for individuals and families (services for the family are provided for the direct benefit of the beneficiary) continuing to exhibit patterns of behavioral and emotional dysregulation requiring continued intervention and coordination to maintain their baseline functioning and prevent future mental health crisis. Stabilization services are delivered in the community following a crisis event and development of a stabilization plan as coordinated by the mobile crisis team. The stabilization period may continue for up to 56 days; however, individual may at any time transfer to other long-term services and supports for continued care. This is not intended to be a limitation of any crisis or stabilization services, but part of a continuum of care based on the individual's and family's needs. Crisis and stabilization services will not be provided in an Institution of Mental Disease (IMD).

Crisis and stabilization services follow an integrated and culturally, linguistically, and developmentally appropriate trauma-informed approach and may be provided prior to an intake evaluation for mental health services. Providers authorized to provide these services include Licensed Medical Practitioners (LMP), Qualified Mental Health Professional (QMHP), Qualified Mental Health Associate (QMHA), Mental Health Interns, Certified Alcohol and Drug Counselor (CADC) and Peer Support Specialists under appropriate supervision. Refer to Attachment 3.1-A, section 13.d, page 6-d.6-6-d.- & 6-d.16 for provider qualifications.

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
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13.d. Rehabilitative: Mental Health Services (Cont)

Community Based Mobile Crisis Intervention Services:

Community based mobile crisis intervention services are focused, time limited, intensive, preventative, behavioral, rehabilitative interventions designed to specifically diffuse and mitigate a crisis. It involves all services, supports, and treatments necessary to provide a timely crisis response, crisis interventions such as de-escalation, and crisis prevention activities specific to the needs of the individual, in a way that is person and family centered. This service must address co-occurring substance use disorders, including opioid use disorder, if identified. At minimum, it includes the initial response of conducting immediate crisis screening and assessment, providing mobile crisis stabilization and de-escalation, and coordinating with and making referrals to health, social, and other services and supports as needed to effect symptom reduction, harm reduction and/or to safely transition persons in acute crisis to the appropriate environment for continued stabilization. Services may also include follow up interventions for a period up to 72 hours after the initial response that provides, where appropriate, additional mobile crisis intervention services and de-escalation and coordination with and referrals to health, social, emergency management, and other services and supports as needed to effect symptom reduction and harm reduction. If continued stabilization services are identified after 72 hours, a stabilization plan must be developed for coordination with referrals for continued stabilization services. Community based mobile crisis response and stabilization may connect individuals to facility-based care as needed, through warm hand-offs and coordinating transportation only if situations warrant transition to other locations.

Community based mobile crisis intervention services also include maintaining relationships with relevant community partners, including law enforcement, medical, mental health, and addiction disorders providers, primary care providers, tribal communities, community health centers, crisis respite centers, and managed care organizations (if applicable). This work is done while ensuring the privacy and confidentiality of persons receiving mobile crisis intervention services.

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13.d. Rehabilitative: Mental Health Services (Cont)

Community based mobile crisis teams are provided by, at minimum, a two-person multidisciplinary team that includes at least one qualified professional able to conduct a mobile crisis screening and assessment within their scope of practice under state law and one other professional or paraprofessional with expertise in mental health services.

NOTE: Community based mobile crisis intervention services provided by mobile crisis teams provide services outside of a hospital or facility setting and are not intended to replace or terminate the need for further crisis, stabilization, or other services

Community based mobile crisis intervention services follow an integrated and culturally, linguistically, and developmentally appropriate trauma-informed approach and may be provided prior to completion of an intake evaluation. Providers authorized to provide these services include Licensed Medical Practitioners (LMP), Qualified Mental Health Professional (QMHP), Qualified Mental Health Associate (QMHA), Mental Health Interns, Certified Alcohol and Drug Counselor (CADC) and Peer Support Specialists under appropriate supervision. Refer to Attachment 3.1-A, section 13.d, page 6-d.6-6-d.- & 6-d.16 for provider qualifications.

Individual, Group and Family level rehabilitative therapy:

Therapy contains both individual and group psychotherapy in alignment with the stated goals in the ISSP to restore an individual's function. Services provided to individuals designed to assist in the attainment of goals described in the ISSP. Goals of Individual, Group or Family level treatment may include enhancing interpersonal skills, mitigating the symptoms of mental illness, 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.