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# NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 410
**OREGON HEALTH AUTHORITY**
**HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS**

**FILED: 10/29/2026 10:58 AM**
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Expanded Medicaid coverage to include Caring Contacts as a suicide prevention service.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/21/2026 5:00 PM
*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

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Filed By:
Kelsey Gleeson
Rules Coordinator

HEARING(S)
*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 11/16/2026
TIME: 10:00 AM - 10:45 AM
OFFICER: Brenna Bird

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 669-254-5252
CONFERENCE ID: 1655657885
SPECIAL INSTRUCTIONS:
Meeting ID: 165 565 7885
Passcode: 886654

NEED FOR THE RULE(S):

Rule 410-125-0045: The proposed change would allow Caring Contacts to be covered by Medicaid as a hospital service, even when provided outside the hospital's licensed facilities. This change would establish the coverage authority

necessary for providers to deliver and bill Medicaid for these services.

Rule 410-125-0220: The proposed change made to this rule is to describe “Caring  Contacts” as a service provided by a hospital or hospital employees and how billing claims to Medicaid will be made for these services in conjunction with changes to 410-125-0045.

These are vital services that are required by law for people experiencing a suicide crisis. People in Oregon discharging from the Emergency Department for a behavioral health crisis need the evidence-based intervention of caring contacts to support them and it is required for hospitals to provide. Hospitals have identified struggles to provide this service due to lack of reimbursement which is required by HB 3090 & HB 3091 (2017). The billing pathway this rulemaking will create is needed now so that people get needed care right away.

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DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Emergency Department Discharge Practices for Behavioral Health Crisis Care: A Statewide Survey of Hospitals: This OHA report published in July 2022 is based on surveys with hospitals related to implementation of ED discharge practices required for an individual who presents with a behavioral health crisis. Almost half of hospitals indicated they did not know about or are receiving reimbursement for services required by HB 3090/3091 (2017) including caring contacts.

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4272.pdf

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STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

Oregonians on OHP experiencing behavioral and mental health conditions are at greater risk for poor health outcomes. Oregon Health Plan members who identify as Hispanic or Latino/a/x/e, Black/African American, Native Hawaiian and Pacific Islander, and American Indian and Alaska Native are overrepresented compared to their share of the total Oregon population.

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FISCAL AND ECONOMIC IMPACT:

The financial impact of this program is minimal, with potential cost savings as people are more likely to connect with care post crisis and stabilize outside of higher cost care when receiving the Caring Contacts service.

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COST OF COMPLIANCE:
*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s).
None.

(2) Effect on Small Businesses:
None.

(a) Estimate the number and type of small businesses subject to the rule(s);
None.

(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);
None.

(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).
None.

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DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Providers were invited to participate as part of the Rules Advisory Committee process.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

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RULES PROPOSED:
410-125-0045, 410-125-0220

AMEND: 410-125-0045

RULE SUMMARY: Adds Caring Contacts as a service that is covered when provided outside a hospital's licensed facility. Aligns rules with current language/practice.

CHANGES TO RULE:

410-125-0045
Coverage and Limitations ¶

In general, most ~~m~~Medically ~~a~~Necessary and Medically Appropriate services are covered. There are, however, some restrictions and limitations. Please refer to the ~~Division of Medical Assistance Programs' (Division) General Rules Program~~Oregon Administrative Rules (OARs) in chapter 410, division 120 and the Oregon Health Authority's (Authority) other Medical Assistance Program OARs found in Chapter 410 for information on general scope of coverage and limitations. Some of the limitations and restrictions that apply to ~~h~~Hospital services are:¶
(1) Prior ~~a~~Authorization (PA): Some services require PA for the Oregon Health Plan (OHP) Plus Benefit Package ~~check~~. In order to determine which services require PA for the OHP Plus Benefit Package, refer to OAR 410-125-0080.¶
(2) Non-~~c~~Covered ~~s~~Services:¶
(a) Services that are not ~~m~~Medically ~~a~~Necessary and Medically Appropriate, unproven medical efficacy, or services that are the responsibility of another Oregon Department of Human Services (Department) or Oregon Health Authority (Authority) ~~Division~~ are not covered by the ~~Division of~~Authority's Medical Assistance Programs;¶
(b) Service coverage is based on the ~~Health Evidence Review Commission's (HERC~~ Oregon Health Authority (OHA) Prioritized List of Services and the ~~client~~Member's ~~b~~Benefit ~~p~~Package;¶
(c) See the ~~G~~general ~~R~~rules for the Authority's Medical Assistance Programs (chapter 410, division 120) and other program divisions in chapter 410 for a list of ~~not c~~Non-Covered ~~s~~Services. Further information on ~~c~~Covered and ~~n~~Non-~~c~~Covered ~~s~~Services is found in the Revenue Code section in the Hospital Services Supplemental Information on the Oregon Health Authority's Health Systems Division's webpage.¶
(3) Limitations on hospital benefit days: ~~Client~~Members have no hospital benefit day limitations for treatment of ~~c~~Covered ~~s~~Services.¶
(4) Dental ~~s~~Services: ~~Client~~Members have ~~d~~Dental/~~d~~Denturist ~~s~~Services identified as covered on the ~~HERC~~OHA Prioritized List (OAR 410-141-~~52~~3830).¶
(5) ~~S~~Hospital services provided outside of the hospital's licensed facilities~~; for example,~~:¶
(a) Services provided in the ~~client~~Member's home or in a ~~n~~Nursing ~~home~~Facility, are not covered by ~~Division~~the Authority as ~~h~~Hospital services. ~~The only exceptions to this are Maternity Case Management services and specific nursing or physician services~~¶
(b) There are a limited number of Hospital services that are covered when they are provided ~~during a ground or air ambulance transport.~~outside a hospital's licensed facility, which include the following:¶

(~~6~~A) ~~Dialysis services require a written physician prescription. The prescription must indicate the ICD-10 diagnosis code and must be retained by the provider of dialysis services for the period of time specified in the General Rules Program~~Caring Contacts services (described in OAR 333-520-0070);¶
(B) Maternity Case Management services (described in OAR 410-130-0595); and¶
(C) Specific nursing or Physician services provided during a ground or air Ambulance transport (described in OAR 410-136-3180).
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.065

AMEND: 410-125-0220

RULE SUMMARY: Outlines requirements for billing Caring Contacts services as described in current rules and adds Caring Contacts as service billed on the Electronic 8371 or on the Paper UB-04 and Other Claims forms. Aligns rules with current language/practice.

CHANGES TO RULE:

410-125-0220
Services Billed on the Electronic 837I or on the Paper UB-04 and Other Claim Forms ¶

(1) All inpatient and outpatient services provided by the ~~h~~Hospital or ~~h~~Hospital employees, unless otherwise specified below, are billed on the electronic 837I (837 Institutional) or on the paper CMS 1450 (UB-04) claim form.¶
(2) Professional staff and other ~~p~~Providers: Services provided by other ~~p~~Providers or professional staff with whom the ~~h~~Hospital has a contract or agreement regarding provision of services and whom the ~~h~~Hospital reimburses a salary or a fee are billed on the electronic 837I or paper CMS 1450 (UB-04) along with other inpatient or outpatient charges if such costs are reported on the ~~h~~Hospital's Medicare Cost Report as a hospital cost.¶
(3) Residents and medical students: Professional services provided by residents or medical students serving in the ~~h~~Hospital as residents or students at the time services are provided are reimbursed by the ~~Division of Medical Assistance Programs (Division) through graduate medical education, for the hospitals that qualify (See OAR 410-125-0141) for payments and may~~Oregon Health Authority in accordance with the medical education reimbursement rates identified in OAR 410-125-0141 so long as, the Hospital where the residents and medical students work qualify for those payments. The services provided by residents and medical students that are paid the rates identified in OAR 410-125-0141 must not be billed on the electronic 837I or paper CMS 1450 (UB-04).¶
(4) Diagnostic and similar services provided by another ~~p~~Provider or facility outside the ~~h~~Hospital: When ~~d~~Diagnostic Services or short-term services are provided to an inpatient by another ~~p~~Provider or facility because the admitting ~~h~~Hospital does not have the equipment or facilities to provide all services required and the patient is returned within 24 hours to the admitting ~~h~~Hospital, the admitting ~~h~~Hospital should add the following charges to the inpatient electronic 837I or paper CMS 1450 (UB-04) claim:¶
(a) Charges from the other ~~p~~Provider or ~~h~~Hospital under the appropriate Revenue Code. The admitting ~~h~~Hospital is responsible for reimbursing the other ~~p~~Provider or ~~h~~Hospital. The Division will not reimburse the other ~~p~~Provider or ~~h~~Hospital; and¶
(b) Charges for ~~t~~Transportation to the other facility or ~~p~~Provider. These must be billed under Revenue Code 542. No ~~p~~Prior ~~a~~Authorization of the transport is required. The ~~h~~Hospital will arrange for the transport and pay the ~~t~~Transportation ~~p~~Provider for the transport. The Division will not reimburse the ~~t~~Transportation ~~p~~Provider. This is the only instance in which ~~t~~Transportation charges can be billed on the electronic 837I or paper CMS 1450 (UB-04).¶
(5) Orthotics, prosthetics, ~~d~~Durable ~~m~~Medical ~~e~~Equipment and implants:¶
(a) When a ~~p~~Provider of ~~or~~Pros~~th~~etic ~~or pros~~and Or~~th~~otic ~~d~~Devices provides services or materials to an inpatient through an agreement or arrangement with the ~~h~~Hospital, the cost of those services will be billed by the ~~h~~Hospital on the electronic 837I or the paper CMS 1450 (UB-04), along with all other inpatient services. The ~~h~~Hospital is responsible for reimbursing the ~~p~~Provider. The Division will not reimburse the ~~p~~Provider;¶
(b) Wheelchairs provided to the ~~client~~Member for the ~~client~~Member's use after ~~d~~Discharge from the ~~h~~Hospital may be billed separately by the ~~d~~Durable ~~m~~Medical ~~e~~Equipment supplier or by the ~~h~~Hospital if the ~~h~~Hospital is the supplier.¶
(6) Pharmaceutical and home parenteral/enteral services: All ~~h~~Hospital pharmaceutical charges must be billed on the electronic 837I or paper UB-04, except home parenteral and enteral services and medications provided to patients who are in ~~n~~Nursing ~~hom~~Facilities:¶
(a) Home parenteral and enteral services, including home hyperalimentation, Home IV antibiotics, home IV analgesics, home enteral therapy, home IV chemotherapy, home IV hydrational fluids, and other home IV drugs, require ~~p~~Prior ~~a~~Authorization and must be billed on the Pharmacy Invoice Form in accordance with the rules in the Home Enteral/Parenteral Program rules (chapter 410, division 148);¶
(b) Medications provided to ~~client~~Members who are in ~~n~~Nursing ~~hom~~Facilities must be billed on the Pharmacy Invoice Form in accordance with the rules in the Pharmaceutical Services Program rules (chapter 410, division 121).¶
(7) Dental ~~s~~Services: Dental ~~s~~Services provided by ~~h~~Hospitals are billed on the electronic 837I or paper CMS 1450 (UB-04). For ~~h~~Hospital ~~d~~Dentistry requirements refer to the Dental Service Program rules (chapter 410, division 123).¶

(8) End-stage renal dialysis facilities: Hospitals providing end-stage renal dialysis and free-standing end-stage renal dialysis facilities will bill on the electronic 837I or paper CMS 1450 (UB-04) as described in these rules and instructions and will be reimbursed at the ~~h~~Hospital's interim rate.¶
(9) Maternity ~~c~~Case ~~m~~Management:¶
(a) Hospital clinics may serve as maternity case managers for pregnant ~~client~~Members. The Medical-Surgical Program rules (chapter 410, division 130) contain information on the scope of services, definition of program terms, ~~p~~Procedure ~~c~~Codes, and ~~p~~Provider qualifications. These services are billed by ~~h~~Hospitals on the electronic 837I or paper CMS 1450 (UB-04); and¶
(b) Providers must bill using Revenue Code 569.¶
(10) Home ~~h~~Health ~~care s~~Services. Hospitals that operate ~~h~~Home ~~h~~Health ~~care s~~Services must obtain a separate ~~p~~Provider number and bill for these services in accordance with the Division's Home Health Care Services Program rules (chapter 410, division 127).¶
(11) Hospital operated air and ground ~~a~~Ambulance services. A ~~h~~Hospital which operates an air or ground ~~a~~Ambulance service may apply to the Division for a ~~p~~Provider number as an air or ground ~~a~~Ambulance provider. If costs for staff and equipment are reported on the Medicare Cost Report, these costs must be identifiable. The Division will remove these costs from the Medicare Cost Report in calculating the ~~h~~Hospital's cost-to-charge ratio for outpatient services. These services are billed on the electronic 837P (837 Professional) claim form or the paper CMS-1500 in accordance with the rules and restrictions contained in the Medical Transportation Program rules (chapter 410, division 136).¶
(12) Supervising ~~p~~Physicians providing services in a teaching setting:¶
(a) Services provided on an inpatient or outpatient basis by ~~p~~Physicians who are on the faculty of teaching hospitals may be billed on the electronic 837I or paper CMS 1450 (UB-04) with other inpatient or outpatient charges only when:¶
(A) The ~~p~~Physician is serving as an employee of the hospital, or receives reimbursement from the hospital for provision of services, during the period of time when services are provided; and¶
(B) The hospital does not report these services as a direct medical education cost on the Medicare and the Division's cost report.¶
(b) The services of supervising faculty ~~p~~Physicians are not to be billed to the Division on either the electronic 837P, the paper CMS-1500 or the electronic 837I or paper CMS 1450 (UB-04)if the hospital elects to report the cost of these professional services as a direct medical education cost on the Medicare and the Division's cost report; and¶
(c) The services of supervising faculty ~~p~~Physicians are billed on the electronic 837P or the paper CMS-1500 if the ~~p~~Physician is serving in a private capacity during the period of time when services are provided, i.e., the ~~p~~Physician is receiving no reimbursement from the hospital for the period of time during which services are provided. Refer to the Medical-Surgical Services rules (chapter 410, division 130) or additional information on billing on the electronic 837P or the paper CMS-1500.¶
(13) Caring Contacts services in a Hospital setting: Caring contacts services are provided to Members as described in OAR 333-520-0070.¶
(a) For purposes of billing under this rule, the caring contacts must:¶
(A) Initiate and document outreach within 48 hours of release if a Behavioral Health Clinician has determined a patient (as defined by ORS 441.053) has had a behavioral health crisis, including suicidal ideation or attempt; and¶
(B) Be conducted by a qualified Provider which includes:¶
(i) A Behavioral Health Clinician as defined in OAR 333-520-0070;¶
(ii) A crisis counselor operating under the direction of a Behavioral Health Clinician;¶
(iii) A qualified Mental Health Associate as defined in OAR 309-039-0510;¶
(iv) A Registered Nurse as defined in OAR 333-520-0070 that the Hospital shall ensure has the training, experience and competency required to conduct the caring contact as documented in policies and procedures and that compliance is reflected in the nurse's personnel record; or¶
(v) A Peer Support Specialist, Peer Wellness Specialist, Family Support Specialist or Youth Support Specialist as those terms are defined in ORS 414.025 and who are certified in accordance with OAR chapter 950, division 060.¶
(b) The Hospital may:¶
(A) Provide the caring contacts services directly in person, via Telehealth; or by phone;¶
(B) Contract with a qualified community based Behavioral Health Provider for the provision of these services; or through a suicide prevention hotline. ¶
(c) These services are billed by Hospitals on the electronic 837I or paper CMS 1450 (UB-04).¶
[Publications: Publications referenced are available from the agency.]
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.065