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State/Territory Name: Oregon

State Plan Amendment (SPA) #: OR-23-0136

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Children and Adults Health Programs Group

June 8, 2023

Dana Hittle
Medicaid Director
Oregon Health Authority
500 Summer Street Northeast, E-49
Salem, OR 97301-1079

Dear Ms. Hittle:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number OR-23-0136, submitted on March 29, 2023, has been approved. This SPA has an effective date of July 1, 2023.

This SPA establishes a Health Services Initiative (HSI) to provide comprehensive coverage during the 12-month postpartum period for individuals whose pregnancy was covered under the conception-to-end-of-pregnancy group (also known as the "unborn" option). The benefits provided during this postpartum period are identical to the comprehensive benefits provided to postpartum individuals enrolled in Medicaid.

The HSI approval is based on section 2105(a)(1)(D)(ii) of the Social Security Act (the Act) and 42 CFR §§ 457.10 and 457.618, which authorize use of title XXI administrative funding for HSIs that improve the health of children, including targeted low-income children and other low-income children. Consistent with section 2105(c)(6)(B) of the Act and 42 CFR § 457.626, title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding.

The state shall ensure that the remaining title XXI administrative funding, within the state's 10 percent limit, is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of this HSI to the administration of the CHIP program. The state shall report annually to CMS the expenditures funded by the HSI for each federal fiscal year.

Your title XXI project officer is Shakia Singleton. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8102
E-mail: Shakia.Singleton@cms.hhs.gov

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If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (443) 934-2064. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone
Director

**CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Oregon

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR 457.40(b))

Designee-Medicaid Director

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: David Baden

Position/Title: Interim Director, OHA

Name: Dana Hittle

Position/Title: Director, Medicaid/CHIP

Name:

Position/Title:

***Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.**

1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: **July 1, 1998**

Implementation Date: **July 1, 1998**

State Plan Amendment OR-23-0136 CHIP HSI: expand HSI to cover up to 12 months postpartum, to the extent of available administrative funds, for mothers in the unborn/conception to end of pregnancy group.

Submitted: 3/29/23

Effective: 7/1/23

Approved:

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Oregon tribal entities were consulted in the submission of this SPA utilizing the Dear Tribal Leader Letter (DTLL) process as approved in TN 10-21. The DTLL was distributed to the Tribes on December 28, 2022. There was no request for additional face-to-face discussion, nor any comments related to this SPA. The DTLL and the distribution list were included with the submission.

TN No: 10-21 Approval Date 3/21/11 Effective Date 10/1/10

2.2. Health Services Initiatives (HSI) - Describe if the State will use the health services initiative option as allowed at 42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

Postpartum Care Extension :

Effective July 1, 2023, the state will use up to 10 percent of federal CHIP administrative funds under the **Health Services Initiatives** for extending postpartum coverage to 12 months from the end of the pregnancy through the end of the month in which the 12th month falls, for the individuals covered under the conception to end of pregnancy option (also known as the “unborn” option), whether received fee-for-service or through a managed care plan.

On March 11, 2021, President Joe Biden signed the American Rescue Plan Act of

2021 (ARPA) into law. This allows states to extend its postpartum coverage from 60 days to 12 months, effective April 1, 2022. This extension is to be provided to Medicaid and CHIP pregnancy groups.

Because the ARPA does not address the CHIP unborn group, Oregon is proposing this HSI to prevent disparity among the groups and provide the 12-month postpartum period to its unborn CHIP population.

All pregnant individuals should receive comprehensive care during the postpartum period to assess their physical recovery from pregnancy and childbirth, address chronic conditions (such as diabetes or hypertension), address mental health issues (including postpartum depression), discuss reproductive health (including contraception and birth spacing), and ensure continuity of care.

The benefit package available during the extended postpartum period will be identical to coverage for pregnant women under the Medicaid state plan.

This coverage will directly benefit children's health. Research shows that when mothers do not have access to care for mental health, substance use disorder, or other medical conditions, they have limited resources to fully respond to their child's health needs. Untreated postpartum depression or substance use disorder can lead to child abuse and neglect, disruption in parental attachment, and adversely impact the child's development. Children are less likely to access preventive care, attend well-child visits, complete immunization schedules, and more likely to experience avoidable hospitalizations when their parent does not have access to coverage.

There are approximately 25,200 individuals enrolled in Oregon's Unborn Option with income from 0 up 185 percent of the FPL served annually. The state will report metrics about its extended postpartum HSI as part of its annual CARTS report.

The State assures that the HSI programs will not supplant or match CHIP federal funds with other federal funds or allow other federal funds to supplant or match CHIP federal funds.